

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>Kirsten E</b>	Last name <b>Gillibrand</b>	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial <b>Jonathan M</b>	Last name <b>Gillibrand</b>	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]		Apt. no. [REDACTED]
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [REDACTED]		
Foreign country name [REDACTED]	Foreign province/state/county [REDACTED]	Foreign postal code [REDACTED]

**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

If more than four dependents, see instructions and ✓ here ▶

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

**Age/Blindness** **You:**  Were born before January 2, 1955  Are blind **Spouse:**  Was born before January 2, 1955  Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Theodore	Gillibrand	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Henry	Gillibrand	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	166,351
<b>2a</b> Tax-exempt interest . . . . .	<b>2a</b>	
<b>3a</b> Qualified dividends . . . . .	<b>3a</b>	
<b>4a</b> IRA distributions . . . . .	<b>4a</b>	
<b>c</b> Pensions and annuities . . . . .	<b>4c</b>	
<b>5a</b> Social security benefits . . . . .	<b>5a</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .	<b>6</b>	-3,000
<b>7a</b> Other income from Schedule 1, line 9 . . . . .	<b>7a</b>	25,000
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b> . . . . .	<b>7b</b>	188,620
<b>8a</b> Adjustments to income from Schedule 1, line 22 . . . . .	<b>8a</b>	335
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b> . . . . .	<b>8b</b>	188,285
<b>9</b> <b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>9</b>	24,400
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>10</b>	4,933
<b>11a</b> Add lines 9 and 10 . . . . .	<b>11a</b>	29,333
<b>b</b> <b>Taxable income.</b> Subtract line 11a from line 8b. If zero or less, enter -0- . . . . .	<b>11b</b>	158,952

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under **Standard Deduction**, see instructions.

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

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	26,686	
b	Add Schedule 2, line 3, and line 12a and enter the total	12b		26,686
13a	Child tax credit or credit for other dependents	13a	4,000	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b		4,000
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14		22,686
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15		670
16	Add lines 14 and 15. This is your total tax	16		23,356
17	Federal income tax withheld from Forms W-2 and 1099	17		22,946
18	Other payments and refundable credits:			
a	Earned income credit (EIC)	18a		
b	Additional child tax credit. Attach Schedule 8812	18b		
c	American opportunity credit from Form 8863, line 8	18c		
d	Schedule 3, line 14	18d		
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e		0
19	Add lines 17 and 18e. These are your total payments	19		22,946

If you have a qualifying child, attach Sch. EIC.  
 If you have nontaxable combat pay, see instructions.

<b>Refund</b>		20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20	
21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here	21a			
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number				
22	Amount of line 20 you want applied to your 2020 estimated tax	22			

<b>Amount You Owe</b>		23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	410
24	Estimated tax penalty (see instructions)	24			

**Third Party Designee** Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions.  Yes. Complete below.  No

(Other than paid preparer) Designee's name  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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection P N, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	US Senator	<input type="text"/>
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection P N, enter it here (see inst.)
<input type="text"/>	<input type="text"/>	Finance Manager	<input type="text"/>

Phone no.  Email address

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input checked="" type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name		Phone no.		
Firm's address		Firm's EIN		

**SCHEDULE 1**  
**(Form 1040 or 1040-SR)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **01**

Name(s) shown on Form 1040 or 1040-SR

Kirsten E and Jonathan M Gillibrand

Your social security number

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? . . . . .

Yes  No

**Part I Additional Income**

<b>1</b>	Taxable refunds, credits, or offsets of state and local income taxes . . . . .	<b>1</b>	
<b>2a</b>	Alimony received . . . . .	<b>2a</b>	
<b>b</b>	Date of original divorce or separation agreement (see instructions) ▶ . . . . .		
<b>3</b>	Business income or (loss). Attach Schedule C . . . . .	<b>3</b>	25,000
<b>4</b>	Other gains or (losses). Attach Form 4797 . . . . .	<b>4</b>	
<b>5</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .	<b>5</b>	
<b>6</b>	Farm income or (loss). Attach Schedule F . . . . .	<b>6</b>	
<b>7</b>	Unemployment compensation . . . . .	<b>7</b>	
<b>8</b>	Other income. List type and amount ▶ . . . . .	<b>8</b>	
<b>9</b>	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a . . . . .	<b>9</b>	25,000

**Part II Adjustments to Income**

<b>10</b>	Educator expenses . . . . .	<b>10</b>	
<b>11</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .	<b>11</b>	
<b>12</b>	Health savings account deduction. Attach Form 8889 . . . . .	<b>12</b>	
<b>13</b>	Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .	<b>13</b>	
<b>14</b>	Deductible part of self-employment tax. Attach Schedule SE . . . . .	<b>14</b>	335
<b>15</b>	Self-employed SEP, SIMPLE, and qualified plans . . . . .	<b>15</b>	
<b>16</b>	Self-employed health insurance deduction . . . . .	<b>16</b>	
<b>17</b>	Penalty on early withdrawal of savings . . . . .	<b>17</b>	
<b>18a</b>	Alimony paid . . . . .	<b>18a</b>	
<b>b</b>	Recipient's SSN . . . . . ▶		
<b>c</b>	Date of original divorce or separation agreement (see instructions) ▶ . . . . .		
<b>19</b>	IRA deduction . . . . .	<b>19</b>	
<b>20</b>	Student loan interest deduction . . . . .	<b>20</b>	
<b>21</b>	Tuition and fees. Attach Form 8917 . . . . .	<b>21</b>	
<b>22</b>	Add lines 10 through 21. These are your <b>adjustments to income</b> . Enter here and on Form 1040 or 1040-SR, line 8a . . . . .	<b>22</b>	335

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

Schedule 1 (Form 1040 or 1040-SR) 2019

**SCHEDULE 2**  
**(Form 1040 or 1040-SR)**

**Additional Taxes**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **02**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040 or 1040-SR.**

▶ **Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

Kirsten E and Jonathan M Gillibrand

**Part I Tax**

<b>1</b>	Alternative minimum tax. Attach Form 6251 . . . . .	<b>1</b>	
<b>2</b>	Excess advance premium tax credit repayment. Attach Form 8962 . . . . .	<b>2</b>	
<b>3</b>	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b . . . . .	<b>3</b>	0

**Part II Other Taxes**

<b>4</b>	Self-employment tax. Attach Schedule SE . . . . .	<b>4</b>	670
<b>5</b>	Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919 . . . . .	<b>5</b>	
<b>6</b>	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required . . . . .	<b>6</b>	
<b>7a</b>	Household employment taxes. Attach Schedule H . . . . .	<b>7a</b>	
<b>b</b>	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required . . . . .	<b>7b</b>	
<b>8</b>	Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s) _____	<b>8</b>	
<b>9</b>	Section 965 net tax liability installment from Form 965-A . . . . .	<b>9</b>	
<b>10</b>	Add lines 4 through 8. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 15 . . . . .	<b>10</b>	670

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

Schedule 2 (Form 1040 or 1040-SR) 2019

**SCHEDULE B**  
**(Form 1040 or 1040-SR)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
▶ Attach to Form 1040 or 1040-SR.

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

(See instructions and the instructions for Forms 1040 and 1040-SR, line 2b.)

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

US Senate Federal Credit Union  
Citibank Bank NA

**Amount**

241  
28

1

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 1040 or 1040-SR, line 2b . . . . . ▶

2 269  
3  
4 269

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

**Part II**  
**Ordinary Dividends**

5 List name of payer ▶

(See instructions and the instructions for Forms 1040 and 1040-SR, line 3b.)

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

6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . . . . ▶

5

6 0

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

**Part III**  
**Foreign Accounts and Trusts**

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

Yes No

7a At any time during 2019, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions . . . . .

X

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

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

8 During 2019, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions. . . . .

X

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. See instructions.



**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Kirsten E Gillibrand		Social security number (SSN) [REDACTED]
<b>A</b> Principal business or profession, including product or service (see instructions) Writer	<b>B</b> Enter code from instructions ▶ 711510	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2019, check here . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part I Income**

<b>1</b> 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"/>	<b>1</b>	25,000
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	25,000
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	25,000
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	▶	<b>7</b>	25,000

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

<b>8</b> Advertising . . . . .	<b>8</b>	<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>
<b>10</b> Commissions and fees . . . . .	<b>10</b>	<b>20</b> Rent or lease (see instructions):	
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>	<b>a</b> Vehicles, machinery, and equipment . . . . .	<b>20a</b>
<b>12</b> Depletion . . . . .	<b>12</b>	<b>b</b> Other business property . . . . .	<b>20b</b>
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>	<b>21</b> Repairs and maintenance . . . . .	<b>21</b>
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>	<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>	<b>23</b> Taxes and licenses . . . . .	<b>23</b>
<b>16</b> Interest (see instructions):		<b>24</b> Travel and meals:	
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>	<b>a</b> Travel . . . . .	<b>24a</b>
<b>b</b> Other . . . . .	<b>16b</b>	<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>
<b>17</b> Legal and professional services . . . . .	<b>17</b>	<b>25</b> Utilities . . . . .	<b>25</b>
		<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>
		<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>
		<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .			0
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .			25,000
<b>30</b> 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. . . . .			<b>30</b>
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, 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.			25,000
<b>32</b> 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>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, 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.		<b>32a</b> <input type="checkbox"/> All investment is at risk.	
		<b>32b</b> <input type="checkbox"/> Some investment is not at risk.	

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

**2019**  
Attachment  
Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Jonathan M Gillibrand		Social security number (SSN) [REDACTED]
<b>A</b> Principal business or profession, including product or service (see instructions) Consultant	<b>B</b> Enter code from instructions ▶ 541990	
<b>C</b> Business name. If no separate business name, leave blank.	<b>D</b> Employer ID number (EIN) (see instr.)	
<b>E</b> Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>H</b> If you started or acquired this business during 2019, check here . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>J</b> If "Yes," did you or will you file required Forms 1099? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part I Income**

<b>1</b> 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"/>		
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	0
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3 . . . . .		<b>5</b>	0
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . . .		<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6 . . . . .	▶	<b>7</b>	0

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

<b>8</b> Advertising . . . . .	<b>8</b>		
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>		
<b>10</b> Commissions and fees . . . . .	<b>10</b>		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		
<b>12</b> Depletion . . . . .	<b>12</b>		
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		
<b>16</b> Interest (see instructions):			
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>		
<b>b</b> Other . . . . .	<b>16b</b>		
<b>17</b> Legal and professional services . . . . .	<b>17</b>		
<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>		
<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>		
<b>20</b> Rent or lease (see instructions):			
<b>a</b> Vehicles, machinery, and equipment . . . . .	<b>20a</b>		
<b>b</b> Other business property . . . . .	<b>20b</b>		
<b>21</b> Repairs and maintenance . . . . .	<b>21</b>		
<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>		
<b>23</b> Taxes and licenses . . . . .	<b>23</b>		
<b>24</b> Travel and meals:			
<b>a</b> Travel . . . . .	<b>24a</b>		
<b>b</b> Deductible meals (see instructions) . . . . .	<b>24b</b>		
<b>25</b> Utilities . . . . .	<b>25</b>		
<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>		
<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>		
<b>b</b> <b>Reserved for future use</b> . . . . .	<b>27b</b>		
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a . . . . .		<b>28</b>	0
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .		<b>29</b>	0
<b>30</b> 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. . . . .		<b>30</b>	
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, 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.		<b>31</b>	
<b>32</b> 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>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, 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.		<b>32a</b>	<input type="checkbox"/> All investment is at risk.
		<b>32b</b>	<input type="checkbox"/> Some investment is not at risk.

**SCHEDULE D**  
(Form 1040 or 1040-SR)

**Capital Gains and Losses**

OMB No. 1545-0074

**2019**

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Go to [www.irs.gov/ScheduleD](http://www.irs.gov/ScheduleD) for instructions and the latest information.

▶ 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

██████████

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<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>	( 11,610)
<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>	-11,610

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<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 or 1040-SR) 2019



**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 or 1040-SR, line 6; or Form 1040-NR, 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 or 1040-SR, line 6; or Form 1040-NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	-13,365
<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> If you are required to complete the <b>28% Rate Gain Worksheet</b> (see instructions), enter the amount, if any, from line 7 of that worksheet . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> If you are required to complete the <b>Unrecaptured Section 1250 Gain Worksheet</b> (see instructions), enter the amount, if any, from line 18 of that worksheet . . . . . ▶</p>	<b>19</b>	
<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 Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, 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 or 1040-SR, line 6; or Form 1040-NR, 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>	<b>21</b>	( 3,000)
<p><b>22</b> Do you have qualified dividends on Form 1040 or 1040-SR, line 3a; or Form 1040-NR, 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 Forms 1040 and 1040-SR, line 12a (or in the instructions for Form 1040-NR, line 42).</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040, 1040-SR, or 1040-NR.</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, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. 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 (f) on line 28 and attach Form 6198 (see instructions).

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

Table with 7 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if basis computation is required, (f) Check if any amount is not at risk. Rows A-D.

Table with 5 columns: (g) Passive loss allowed, (h) Passive income from Schedule K-1, (i) Nonpassive loss from Schedule K-1, (j) Section 179 expense deduction from Form 4562, (k) Nonpassive income from Schedule K-1. Rows A-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-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. Rows A-B, 34a Totals, 34b Totals.

35 Add columns (d) and (f) of line 34a
36 Add columns (c) and (e) of line 34b
37 Total estate and trust income or (loss). Combine lines 35 and 36.

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.

39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 5, or Form 1040-NR, line 18

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

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

Kirsten E Gillibrand

Social security number of person

with **self-employment** income ▶

██████████

**Section B—Long Schedule SE**

**Part I Self-Employment Tax**

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

<b>A</b>	If you are a minister, member of a religious order, or Christian Science practitioner <b>and</b> you filed Form 4361, but you had \$400 or more of <b>other</b> net earnings from self-employment, check here and continue with Part I . . . . . ▶ <input type="checkbox"/>		
<b>1 a</b>	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note:</b> Skip lines 1a and 1b if you use the farm optional method (see instructions) . . . . .	<b>1a</b>	
<b>b</b>	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH . . . . .	<b>1b</b>	( )
<b>2</b>	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. <b>Note:</b> Skip this line if you use the nonfarm optional method (see instructions) . . . . .	<b>2</b>	25,000
<b>3</b>	Combine lines 1a, 1b, and 2 . . . . .	<b>3</b>	25,000
<b>4 a</b>	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 <b>Note:</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions. . . . .	<b>4a</b>	23,088
<b>b</b>	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here . . . . .	<b>4b</b>	0
<b>c</b>	Combine lines 4a and 4b. If less than \$400, <b>stop</b> ; you don't owe self-employment tax. <b>Exception:</b> If less than \$400 and you had <b>church employee income</b> , enter -0- and continue ▶ . . . . .	<b>4c</b>	23,088
<b>5 a</b>	Enter your <b>church employee income</b> from Form W-2. See instructions for definition of church employee income . . . . .	<b>5a</b>	
<b>b</b>	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- . . . . .	<b>5b</b>	0
<b>6</b>	Add lines 4c and 5b . . . . .	<b>6</b>	23,088
<b>7</b>	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2019 . . . . .	<b>7</b>	132,900
<b>8 a</b>	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$132,900 or more, skip lines 8b through 10, and go to line 11 . . . . .	<b>8a</b>	132,900
<b>b</b>	Unreported tips subject to social security tax (from Form 4137, line 10) . . . . .	<b>8b</b>	
<b>c</b>	Wages subject to social security tax (from Form 8919, line 10) . . . . .	<b>8c</b>	
<b>d</b>	Add lines 8a, 8b, and 8c . . . . .	<b>8d</b>	0
<b>9</b>	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 . . . . . ▶	<b>9</b>	0
<b>10</b>	Multiply the <b>smaller</b> of line 6 or line 9 by 12.4% (0.124) . . . . .	<b>10</b>	0
<b>11</b>	Multiply line 6 by 2.9% (0.029) . . . . .	<b>11</b>	670
<b>12</b>	<b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on <b>Schedule 2 (Form 1040 or 1040-SR), line 4, or Form 1040-NR, line 55</b> . . . . .	<b>12</b>	670
<b>13</b>	<b>Deduction for one-half of self-employment tax.</b> Multiply line 12 by 50% (0.50). Enter the result here and on <b>Schedule 1 (Form 1040 or 1040-SR), line 14, or Form 1040-NR, line 27</b> . . . . .	<b>13</b>	335

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

<b>Farm Optional Method.</b> You may use this method <b>only</b> if (a) your gross farm income <sup>1</sup> wasn't more than \$8,160, or (b) your net farm profits <sup>2</sup> were less than \$5,891.			
<b>14</b>	Maximum income for optional methods . . . . .	<b>14</b>	5,440
<b>15</b>	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross farm income <sup>1</sup> (not less than zero) or \$5,440. Also include this amount on line 4b above . . . . .	<b>15</b>	
<b>Nonfarm Optional Method.</b> You may use this method <b>only</b> if (a) your net nonfarm profits <sup>3</sup> were less than \$5,891 and also less than 72.189% of your gross nonfarm income, <sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution:</b> You may use this method no more than five times.			
<b>16</b>	Subtract line 15 from line 14 . . . . .	<b>16</b>	0
<b>17</b>	Enter the <b>smaller</b> of: two-thirds ( <sup>2</sup> / <sub>3</sub> ) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above . . . . .	<b>17</b>	

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.  
<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

<sup>3</sup> From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.  
<sup>4</sup> From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Alternative Minimum Tax—Individuals**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.

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

Attachment  
Sequence No. **32**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Kirsten E and Jonathan M Gillibrand

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

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 11b, if more than zero. If Form 1040 or 1040-SR, line 11b, is zero, subtract lines 9 and 10 of Form 1040 or 1040-SR from line 8b of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	<b>1</b>	158,952
<b>2a</b>	If filing Schedule A (Form 1040 or 1040-SR), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 9.	<b>2a</b>	24,400
<b>2b</b>	Tax refund from Schedule 1 (Form 1040 or 1040-SR), line 1 or line 8.	<b>2b</b>	( )
<b>2c</b>	Investment interest expense (difference between regular tax and AMT)	<b>2c</b>	
<b>2d</b>	Depletion (difference between regular tax and AMT)	<b>2d</b>	
<b>2e</b>	Net operating loss deduction from Schedule 1 (Form 1040 or 1040-SR), line 8. Enter as a positive amount.	<b>2e</b>	
<b>2f</b>	Alternative tax net operating loss deduction.	<b>2f</b>	( )
<b>2g</b>	Interest from specified private activity bonds exempt from the regular tax.	<b>2g</b>	
<b>2h</b>	Qualified small business stock, see instructions.	<b>2h</b>	
<b>2i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income).	<b>2i</b>	
<b>2j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	<b>2j</b>	
<b>2k</b>	Disposition of property (difference between AMT and regular tax gain or loss).	<b>2k</b>	
<b>2l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	<b>2l</b>	
<b>2m</b>	Passive activities (difference between AMT and regular tax income or loss).	<b>2m</b>	
<b>2n</b>	Loss limitations (difference between AMT and regular tax income or loss).	<b>2n</b>	
<b>2o</b>	Circulation costs (difference between regular tax and AMT).	<b>2o</b>	
<b>2p</b>	Long-term contracts (difference between AMT and regular tax income).	<b>2p</b>	
<b>2q</b>	Mining costs (difference between regular tax and AMT).	<b>2q</b>	
<b>2r</b>	Research and experimental costs (difference between regular tax and AMT).	<b>2r</b>	
<b>2s</b>	Income from certain installment sales before January 1, 1987.	<b>2s</b>	( )
<b>2t</b>	Intangible drilling costs preference.	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments.	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$733,700, see instructions.)	<b>4</b>	183,352

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

<b>5</b>	Exemption. (If you were under age 24 at the end of 2019, see instructions.) <b>IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . .</b> Single or head of household . . . . . \$ 510,300 . . . . . \$ 71,700 Married filing jointly or qualifying widow(er) . . . . . 1,020,600 . . . . . 111,700 Married filing separately . . . . . 510,300 . . . . . 55,850 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	111,700
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.	<b>6</b>	71,652
<b>7</b>	<ul style="list-style-type: none"> <li>If you are filing Form 2555, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 6; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here.</li> <li><b>All others:</b> If line 6 is \$194,800 or less (\$97,400 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,896 (\$1,948 if married filing separately) from the result.</li> </ul>	<b>7</b>	18,630
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions)	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7.	<b>9</b>	18,630
<b>10</b>	Add Form 1040 or 1040-SR, line 12a (minus any tax from Form 4972), and Schedule 2 (Form 1040 or 1040-SR), line 2. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040 or 1040-SR), line 1. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 12a, refigure that tax without using Schedule J before completing this line (see instructions).	<b>10</b>	26,686
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040 or 1040-SR), line 1.	<b>11</b>	0

**Additional Child Tax Credit**



Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**  
▶ **Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.**

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

**Part I All Filers**

**Caution:** If you file Form 2555, **stop here**; you cannot claim the additional child tax credit.

<b>1</b>	If you are required to use the worksheet in Pub. 972, enter the amount from line 10 of the Child Tax Credit and Credit for Other Dependents Worksheet in the publication. Otherwise:  <b>1040 and 1040-SR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Forms 1040 and 1040-SR, line 13a). <b>1040-NR filers:</b> Enter the amount from line 8 of your Child Tax Credit and Credit for Other Dependents Worksheet (see the instructions for Form 1040-NR, line 49).	<b>1</b>	
<b>2</b>	Enter the amount from Form 1040, line 13a; Form 1040-SR, line 13a; or Form 1040-NR, line 49 . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop here</b> ; you cannot claim this credit . . . . .	<b>3</b>	<b>0</b>
<b>4</b>	Number of qualifying children under 17 with the required social security number: _____ x \$1,400. Enter the result. If zero, <b>stop here</b> ; you cannot claim this credit . . . . .	<b>4</b>	<b>0</b>
<b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 1 of the Child Tax Credit and Credit for Other Dependents Worksheet.			
<b>5</b>	Enter the <b>smaller</b> of line 3 or line 4 . . . . .	<b>5</b>	<b>0</b>
<b>6 a</b>	Earned income (see instructions) . . . . .	<b>6a</b>	
<b>b</b>	Nontaxable combat pay (see instructions) . . . . .	<b>6b</b>	
<b>7</b>	Is the amount on line 6a more than \$2,500? <input checked="" type="checkbox"/> <b>No.</b> Leave line 7 blank and enter -0- on line 8. <input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 6a. Enter the result . . . . .	<b>7</b>	
<b>8</b>	Multiply the amount on line 7 by 15% (0.15) and enter the result . . . . . <b>Next.</b> On line 4, is the amount \$4,200 or more? <input checked="" type="checkbox"/> <b>No.</b> If line 8 is zero, <b>stop here</b> ; you cannot claim this credit. Otherwise, skip Part II and enter the <b>smaller</b> of line 5 or line 8 on line 15. <input type="checkbox"/> <b>Yes.</b> If line 8 is equal to or more than line 5, skip Part II and enter the amount from line 5 on line 15. Otherwise, go to line 9.	<b>8</b>	<b>0</b>

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

<b>9</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 instructions . . . . .	<b>9</b>	
<b>10</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), line 14, and Schedule 2 (Form 1040 or 1040-SR), line 5, plus any taxes that you identified using code "UT" and entered on Schedule 2 (Form 1040 or 1040-SR), line 8. <b>1040-NR filers:</b> Enter the total of the amounts from Form 1040-NR, lines 27 and 56, plus any taxes that you identified using code "UT" and entered on line 60.	<b>10</b>	
<b>11</b>	Add lines 9 and 10 . . . . .	<b>11</b>	<b>0</b>
<b>12</b>	<b>1040 and 1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 18a, and Schedule 3 (Form 1040 or 1040-SR), line 11. <b>1040-NR filers:</b> Enter the amount from Form 1040-NR, line 67.	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	<b>0</b>
<b>14</b>	Enter the <b>larger</b> of line 8 or line 13 . . . . . <b>Next,</b> enter the <b>smaller</b> of line 5 or line 14 on line 15.	<b>14</b>	<b>0</b>

**Part III Additional Child Tax Credit**

<b>15</b>	This is your additional child tax credit . . . . .	<b>15</b>	<b>0</b>
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Enter this amount on  
Form 1040, line 18b;  
Form 1040-SR, line 18b; or  
Form 1040-NR, line 64.

1040  
1040-SR  
1040-NR

## Qualified Business Income Deduction Simplified Computation

2019

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form8995](http://www.irs.gov/Form8995) for instructions and the latest information.

Attachment  
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Kirsten E and Jonathan M Gillibrand

	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
<b>i</b>	Sch C: 01		24,665
<b>ii</b>	Wind Crest LLC		0
<b>iii</b>			
<b>iv</b>			
<b>v</b>			

<b>2</b> Total qualified business income or (loss). Combine lines 1i through 1v, column (c) . . . . .	<b>2</b>	24,665			
<b>3</b> Qualified business net (loss) carryforward from the prior year . . . . .	<b>3</b>	( 0 )			
<b>4</b> Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- . . . . .	<b>4</b>	24,665			
<b>5</b> Qualified business income component. Multiply line 4 by 20% (0.20) . . . . .			<b>5</b>		4,933
<b>6</b> Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions) . . . . .	<b>6</b>	0			
<b>7</b> Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year . . . . .	<b>7</b>	( 0 )			
<b>8</b> Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0- . . . . .	<b>8</b>	0			
<b>9</b> REIT and PTP component. Multiply line 8 by 20% (0.20) . . . . .			<b>9</b>		0
<b>10</b> Qualified business income deduction before the income limitation. Add lines 5 and 9 . . . . .			<b>10</b>		4,933
<b>11</b> Taxable income before qualified business income deduction . . . . .	<b>11</b>	163,885			
<b>12</b> Net capital gain (see instructions) . . . . .	<b>12</b>	0			
<b>13</b> Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	163,885			
<b>14</b> Income limitation. Multiply line 13 by 20% (0.20) . . . . .			<b>14</b>		32,777
<b>15</b> Qualified business income deduction. Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return . . . . . ▶			<b>15</b>		4,933
<b>16</b> Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0- . . . . .	<b>16</b>	( 0 )			
<b>17</b> Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0- . . . . .	<b>17</b>	( 0 )			

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



# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040, Form 1040-SR, or Form 1041.  
▶ Go to [www.irs.gov/Form8582](http://www.irs.gov/Form8582) for instructions and the latest information.

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Identifying number

## Part I 2019 Passive Activity Loss

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

### Rental Real Estate Activities With Active Participation (For the definition of active participation, see Special Allowance for Rental Real Estate Activities in the instructions.)

<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

### Commercial Revitalization Deductions From Rental Real Estate Activities

<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>	( )	

### All Other Passive Activities

<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>	( 79 )	
<b>c</b> Prior years' unallowed losses (enter the amount from Worksheet 3, column (c)) . . . . .	<b>3c</b>	( 555 )	
<b>d</b> Combine lines 3a, 3b, and 3c . . . . .	<b>3d</b>	( )	634

<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 . . . . . If line 4 is a loss and:	<b>4</b>	( )	634
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- 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>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>7</b>	0	
<b>8</b> Subtract line 7 from line 6 . . . . .	<b>8</b>	0	
<b>9</b> Multiply line 8 by 50% (0.50). <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 . . . . . If line 2c is a loss, go to Part III. Otherwise, go to line 15.	<b>10</b>		0

## 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 2019.</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

For Paperwork Reduction Act Notice, see instructions.

**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.</b> Enter on Form 8582, lines 1a, 1b, and 1c . . . . . ▶	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.</b> Enter on Form 8582, lines 2a and 2b . . . . . ▶	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		79	555		634
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c . . . . . ▶	0	79	555		

**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	634	1.000000	634
<b>Total</b> . . . . . ▶		634	1.00	634

**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	634	634	
<b>Total</b>		634	634	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>					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule . . . . . ▶					
c 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>					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule . . . . . ▶					
c 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>					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule . . . . . ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Total</b>		0	1.00	0	0

# Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

# 2019

Department of the Treasury  
Internal Revenue Service

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.

Attachment  
Sequence No. **70**

Taxpayer name(s) shown on return

Taxpayer identification number

Kirsten E and Jonathan M Gillibrand

Enter preparer's name and PTIN

## Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

EIC     CTC/ACTC/ODC     AOTC     HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2019 provided by the taxpayer or reasonably obtained by you? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of any credit(s) . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.) . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount(s) of the credit(s) . . . . . List those documents, if any, that you relied on. <u>Long History of Tax Preparation.</u> <u>Proof of Health Insurance.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? . . . . . (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040 or 1040-SR)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

**Part II Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
<b>9a</b> Have you determined that the taxpayer is, in fact, eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.) . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b</b> Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	
<b>c</b> Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
<b>10</b> Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>11</b> Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

	Yes	No
<b>13</b> Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part V Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
<b>14</b> Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI Eligibility Certification**

► **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
  1. A copy of this Form 8867.
  2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
  3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s);
  4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
  5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to compute the amount(s) of the credit(s).

► **If you have not complied with all due diligence requirements, you may have to pay a \$530 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

	Yes	No
<b>15</b> Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Elections

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## Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Name: Kirsten E and Jonathan M Gillibrand

Address: [REDACTED]

Identification Number: [REDACTED]

Taxpayer elects to apply De Minimis Safe Harbor under Reg. 1.263(a)-1(f).

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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, 2019, through December 31, 2019, or fiscal year beginning .....

19

and ending .....

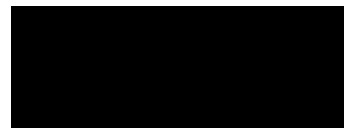
For help completing your return, see the instructions, Form IT-201-I.

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 14) (number and street or PO box)			Ap	New York residence
RENSSELAER			Country (if not United States)	School district name
WYNANTSKILL			State	ZIP code
Permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	School district code number
City, village, or post office			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
NY			Decedent information	713

- 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)

**B Did you itemize** your deductions on your 2019 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 15) ..... Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**  
(1) Did you receive a property tax relief credit? (see page 15) ..... Yes  No   
(2) Enter the amount ..... .00

**D3** Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2019 federal return? (see page 15) ..... Yes  No

**E** (1) Did you or your spouse maintain living quarters in NYC during 2019? (see page 15) ..... Yes  No   
(2) Enter the number of days spent in NYC in 2019 (any part of a day spent in NYC is considered a day).....

**F NYC residents and NYC part-year residents only** (see page 15):  
(1) Number of months you lived in NYC in 2019 .....  
(2) Number of months your spouse lived in NYC in 2019 ...

**G** Enter your 2-character special condition code(s) if applicable (see page 15) .....

### H Dependent information (see page 16)

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 16)

Whole dollars only

1	Wages, salaries, tips, etc. ....	1	166351.00
2	Taxable interest income .....	2	269.00
3	Ordinary dividends .....	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) .....	4	.00
5	Alimony received .....	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040) .....	6	25000.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040) .....	7	-3000.00
8	Other gains or losses (submit a copy of federal Form 4797) .....	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box..... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box ..... <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11 .....	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040) .....	13	.00
14	Unemployment compensation .....	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27) .....	15	.00
16	Other income (see page 16) Identify: .....	16	.00
17	Add lines 1 through 11 and 13 through 16 .....	17	188620.00
18	Total federal adjustments to income (see page 16) Identify: HALF SE TAX .....	18	335.00
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17) .....	19	188285.00

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

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) ...	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17) .....	21	.00
22	<b>New York's</b> 529 college savings program distributions (see page 17) .....	22	.00
23	Other (Form IT-225, line 9) .....	23	.00
24	Add lines 19 through 23 .....	24	188285.00

**New York subtractions** (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18) .....	26	.00
27	Taxable amount of Social Security benefits (from line 15) ..	27	.00
28	Interest income on U.S. government bonds .....	28	.00
29	Pension and annuity income exclusion (see page 19) .....	29	.00
30	<b>New York's</b> 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18) .....	31	.00
32	Add lines 25 through 31 .....	32	.00
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24) .....	33	188285.00

**Standard deduction or itemized deduction** (see page 21)

34	Enter your <b>standard deduction</b> (table on page 21) or your <b>itemized deduction</b> (from Form IT-196) Mark an X in the appropriate box: <input type="checkbox"/> <b>Standard</b> -or- <input checked="" type="checkbox"/> <b>Itemized</b>	34	23813.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) .....	35	164472.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21) .....	36	2000.00
37	<b>Taxable income</b> (subtract line 36 from line 35) .....	37	162472.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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

Your Social Security number  
[REDACTED]

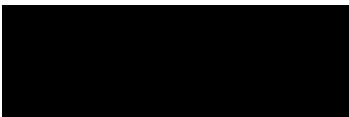
**Tax computation, credits, and other taxes**

<b>38</b>	<b>Taxable income</b> (from line 37 on page 2) .....	<b>38</b>	162472.00
<b>39</b>	NYS tax on line 38 amount (see page 22) .....	<b>39</b>	10334.00
<b>40</b>	NYS household credit (page 22, table 1, 2, or 3) .....	<b>40</b>	.00
<b>41</b>	Resident credit (see page 23) .....	<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>	10334.00
<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>	10334.00

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

<b>47</b>	NYC taxable income (see instructions) .....	<b>47</b>	.00	<b>See instructions on pages 23 through 26 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.</b>
<b>47a</b>	NYC resident tax on line 47 amount (see page 23) .....	<b>47a</b>	.00	
<b>48</b>	NYC household credit (page 23) .....	<b>48</b>	.00	
<b>49</b>	Subtract line 48 from line 47a (if line 48 is more than line 47a, 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 26) .....	<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 27; do not leave line 59 blank) .....	<b>59</b>	0.00	
<b>60</b>	<b>Voluntary contributions</b> (Form IT-227, Part 2, line 1) .....	<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>	10334.00	

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number

62 Enter amount from line 61 ..... 62 10334.00

Payments and refundable credits (see pages 28 through 31)

Table with 2 columns: Line number and Amount. Rows include Empire State child credit, NYS/ NYC child and dependent care credit, NYS earned income credit (EIC), NYS noncustodial parent EIC, Real property tax credit, College tuition credit, NYC school tax credit (fixed amount), NYC school tax credit (rate reduction amount), NYC earned income credit, NYC enhanced real property tax credit, Other refundable credits, Total New York State tax withheld, Total New York City tax withheld, Total Yonkers tax withheld, Total estimated tax payments and amount paid with Form IT-370.



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 13). Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) ..... 76 10486.00

Your refund, amount you owe, and account information (see pages 32 through 34)

Table with 2 columns: Line number and Amount. Rows include Amount overpaid, Amount of line 77 available for refund, Amount of line 78 that you want to deposit into a NYS 529 account, Total refund after NYS 529 account deposit.

Mark one refund choice: [ ] direct deposit to checking or savings account (fill in line 83) -or- [X] paper check

79 Amount of line 77 that you want applied to your 2020 estimated tax (see instructions) ..... 79 .00

Refund? Direct deposit is the easiest, fastest way to get your refund. See page 33 for payment options.

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

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 33) ..... 81 .00

See page 36 for the proper assembly of your return.

82 Other penalties and interest (see page 33) ..... 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 34). 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 34) [ ]

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

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

84 Electronic funds withdrawal (see page 34) ..... Date [ ] Amount [ ] .00

Third-party designee? (see instr.) Yes [X] No [ ] Print designee's name [Redacted] Designee's phone number [Redacted] Personal identification number (PIN) [Redacted] Email [Redacted]

Paid preparer must complete (see instructions) Preparer's NYTPRN [Redacted] NYTPRN excl. code 03 Preparer's signature [Redacted] s, if self-employed [Redacted] Employ [Redacted] mber [Redacted] 03132020 Email [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] Email: [Redacted]

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





Department of Taxation and Finance

# New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

# IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203 KIRSTEN E AND JONATHAN M GILLIBRAND	Your Social Security number [REDACTED]
---	---

### Medical and dental expenses *(see instructions)*

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

1 Medical and dental expenses .....	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19 .....	2	188285.00
3 Multiply line 2 by 10% (0.10) .....	3	18829.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank) .....	4	.00

### Taxes you paid *(see instructions)*

5 State and local (Mark an X in only one box) a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax	5	12262.00
6 State and local real estate taxes .....	6	20313.00
7 State and local personal property taxes .....	7	.00
8 Other taxes. List type and amount _____	8	.00
9 Add lines 5 through 8 .....	9	32575.00

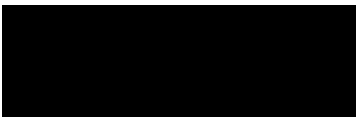
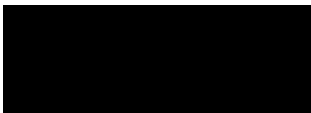
### Interest you paid *(see instructions)*

10 Home mortgage interest and points reported to you on federal Form 1098 .....	10	.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address _____	11	.00
12 Points not reported to you on federal Form 1098 .....	12	.00
13 Mortgage insurance premiums .....	13	.00
14 Investment interest .....	14	.00
15 Add lines 10 through 14 .....	15	.00

### Gifts to charity *(see instructions)*

16 Gifts by cash or check .....	16	3500.00
16a Qualified contributions included in line 16 .....	16a	.00
17 Other than by cash or check .....	17	.00
18 Carryover from prior year .....	18	.00
19 Add lines 16, 17, and 18 .....	19	3500.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Your Social Security number
[REDACTED]

**Casualty and theft losses**

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) ..... **20** ..... .00

**Job expenses and certain miscellaneous deductions** (see instructions)

21	Unreimbursed employee expenses – job travel, union dues, etc. ....	21	.00
22	Job related education expenses .....	22	.00
23	Tax preparation fees .....	23	530.00
24	Other expenses – investment, safe deposit box, etc. List type and amount _____	24	.00
25	Add lines 21 through 24 .....	25	530.00
26	Enter amount from Form IT-201 or IT-203, line 19 .....	26	188285.00
27	Multiply line 26 by 2% (0.02) .....	27	3766.00
28	Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank) .....	28	.00

**Other miscellaneous deductions**

29	Gambling losses (see instructions) .....	29	.00
30	Casualty and theft losses of income-producing property (see instructions) .....	30	.00
31	Federal estate tax on income in respect of a decedent (see instructions) .....	31	.00
32	Deduction for amortizable bond premiums (see instructions) ..	32	.00
33	An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00
34	Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions) .....	34	.00
35	Certain unrecovered investments in a pension (see instructions)	35	.00
36	Impairment-related work expenses of a disabled person (see instructions) .....	36	.00
37	Federal qualified disaster loss (see instructions) .....	37	.00
38	Reserved .....	38	
39	Add lines 29 through 37 .....	39	.00

**Total itemized deductions** (see instructions)

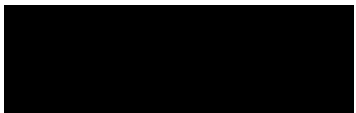
Is Form IT-201 or IT-203, line 19, over \$163,850? (Mark an X in the appropriate box)

If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

If **Yes**, your deduction may be limited. See the Line 40, Total itemized deductions worksheet, in the instructions to compute the amount to enter on line 40.

40 ..... **40** ..... 36075.00

NO HANDWRITTEN ENTRIES ON THIS FORM



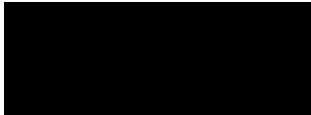
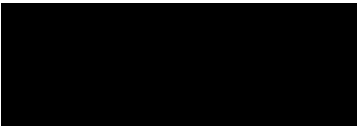


Your Social Security number
[REDACTED]

**Adjustments** (see instructions)

<b>41</b>	State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions) .....	<b>41</b>	12262.00
<b>42</b>	Subtract line 41 from line 40 (see instructions) .....	<b>42</b>	23813.00
<b>43</b>	College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions) .....	<b>43</b>	.00
<b>44</b>	Addition adjustments (see instructions) .....	<b>44</b>	.00
<b>45</b>	Add lines 42, 43, and 44 .....	<b>45</b>	23813.00
<b>46</b>	Itemized deduction adjustment (see instructions) .....	<b>46</b>	.00
<b>47</b>	Subtract line 46 from line 45 (see instructions) .....	<b>47</b>	23813.00
<b>48</b>	College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions) .....	<b>48</b>	.00
<b>49</b>	<b>New York State itemized deduction</b> (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions) .....	<b>49</b>	23813.00

NO HANDWRITTEN ENTRIES ON THIS FORM





# Claim for Empire State Child Credit

Tax Law – Section 606(c-1)

# IT-213

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

## Step 1 – Enter identifying information

Your name as shown on return	Your Social Security number (SSN)
KIRSTEN E GILLIBRAND	[REDACTED]
Spouse's name	Spouse's SSN
JONATHAN M GILLIBRAND	[REDACTED]

## Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2019? ..... **1** Yes  No   
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2019?..... **2** Yes  No
- 3 Is your federal adjusted gross income (*see instructions*)  
 – \$110,000 or less and your filing status is (2) married filing joint return;  
 – \$75,000 or less and your filing status is (1) single, (4) head of household, or (5) qualifying widow(er); **or**  
 – \$55,000 or less and your filing status is (3) married filing separate return? ..... **3** Yes  No   
 If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (*see instructions*) ..... **4**
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2019 **5**   
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

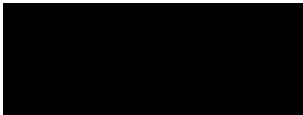
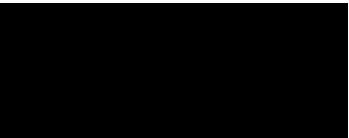
## Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
THEODORE	I	GILLIBRAND		[REDACTED]	[REDACTED]
HENRY	N	GILLIBRAND		[REDACTED]	[REDACTED]

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

NO HANDWRITTEN ENTRIES ON THIS FORM





**Step 4 – Compute credit**

If you answered **Yes** to question 2, you must complete Worksheet A or B and Worksheet C beginning on page 2 of the instructions before you continue with line 6.

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

Whole dollars only

6	Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions) .....	6	<input type="text" value=""/>	.00
7	Enter your additional child tax credit amount from Worksheet C (see instructions) .....	7	<input type="text" value=""/>	.00
8	Add lines 6 and 7 .....	8	<input type="text" value=""/>	.00

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.  
If the amount on line 8 is more than zero, continue with line 9.

9	Enter the number of children from line 4 .....	9	<input type="text" value=""/>	
10	Divide line 8 by line 9 .....	10	<input type="text" value=""/>	.00
11	Enter the number of children from line 5 .....	11	<input type="text" value=""/>	
12	Multiply line 10 by line 11 .....	12	<input type="text" value=""/>	.00
13	Multiply line 12 by 33% (.33) .....	13	<input type="text" value=""/>	0.00

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

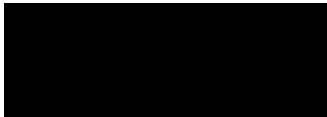
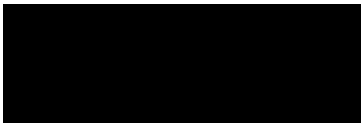
14	Enter the number of children from line 5 .....	14	<input type="text" value=""/>	
15	Multiply line 14 by 100 .....	15	<input type="text" value=""/>	.00
16	Empire State child credit (enter the amount from line 13 or line 15, whichever is greater) .....	16	<input type="text" value=""/>	.00

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

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

17	Enter the full-year resident spouse's share of the line 16 amount; <b>do not leave line 17 blank</b> ..... Enter here and on Form IT-201, line 63.	17	<input type="text" value=""/>	0.00
18	Enter the part-year resident or nonresident spouse's share of the line 16 amount; <b>do not leave line 18 blank</b> ..... Enter the line 18 amount and code <b>213</b> on Form IT-203-ATT, line 12.	18	<input type="text" value=""/>	0.00

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.

**W-2 Record 1**

**Box a** Employee's Social Security number for this W-2 Record

[Redacted]

**Box b** Employer identification number (EIN)

[Redacted]

**Box c** Employer's information

<b>Employer's name</b>			
UNITED STATES SENATE DISBURSING OFFICE			
<b>Employer's address (number and street)</b>			
RM SH-127 HART OFFICE BLDG			
City	State	ZIP code	Country (if not United States)
WASHINGTON	DC	205107104	

**Box 1** Wages, tips, other compensation  
166351.00

**Box 12a** Amount  
13658.00

**Code**  
DD

**Box 14a** Amount  
6357.00

**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  NY

**Box 16a** NYS wages, tips, etc.  
166351.00

**Box 17a** NYS income tax withheld  
10486.00

**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

Locality a  
Locality b

Do not detach.

**W-2 Record 2**

**Box a** Employee's Social Security number for this W-2 Record

[Redacted]

**Box b** Employer identification number (EIN)

[Redacted]

**Box c** Employer's information

<b>Employer's name</b>			
<b>Employer's address (number and street)</b>			
City	State	ZIP code	Country (if not United States)

**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  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

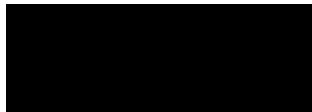
**Box 19** Local income tax withheld

Locality a .00  
Locality b .00

**Box 20** Locality name

Locality a  
Locality b

NO HANDWRITTEN ENTRIES ON THIS FORM



**Line 41 (NY IT-196) - Subtraction Adjustments**

<b>A</b> State and local income taxes (or general sales tax, if applicable) and any foreign income taxes . . . . .	<b>A</b> _____	12,262
	From K-1 Wkst _____	0
<b>1</b> Total taxes and other subtraction adjustments. . . . .		12,262