

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 your 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 Kirsten E		Last name Gillibrand	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Jonathan M		Last name Gillibrand	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. [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. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State [REDACTED]	
Foreign country name [REDACTED]		Foreign postal code [REDACTED]	

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

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, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

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

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under Standard Deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	173,302
	2a	Tax-exempt interest	2a	2b	17
	3a	Qualified dividends	3a	3b	
	4a	IRA distributions	4a	4b	
	5a	Pensions and annuities	5a	5b	
	6a	Social security benefits	6a	6b	0
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	82,249
	8	Other income from Schedule 1, line 10		8	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	255,568
	10	Adjustments to income from Schedule 1, line 26		10	
	11	Subtract line 10 from line 9. This is your adjusted gross income		11	255,568
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	25,100	
	b	Charitable contributions if you take the standard deduction (see instructions)	12b	600	
	c	Add lines 12a and 12b		12c	25,700
	13	Qualified business income deduction from Form 8995 or Form 8995-A		13	
	14	Add lines 12c and 13		14	25,700
	15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	229,868

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	36,310
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	36,310
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	500
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	500
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	35,810
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	212
24	Add lines 22 and 23. This is your total tax	24	36,022
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	24,157
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	24,157
26	2021 estimated tax payments and amount applied from 2020 return	26	20,000
27a	Earned income credit (EIC)	27a	
Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions. <input type="checkbox"/>			
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	500
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	500
33	Add lines 25d, 26, and 32. These are your total payments	33	44,657
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,635
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	8,635
b	Routing number XXXXXXXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number XXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	0
38	Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit?
See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS?

See instructions. ☒ Yes. Complete below. ☐ No

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 type="checkbox"/> Self-employed
<input type="text"/>	<input type="text"/>	4/19/2022	<input type="text"/>	
Firm's name	Firm's address		Phone no.	Firm's EIN
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2021)

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2021

Attachment
Sequence No. **02**

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

Kirsten E and Jonathan M Gillibrand

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	0
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	212
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

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Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount ▶	17a		
b Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount ▶	17z		
18 Total additional taxes. Add lines 17a through 17z	18		0
19 Additional tax from Schedule 8812	19		
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21		212

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

OMB No. 1545-0074

2021

Attachment
Sequence No. **08**

▶ Go to www.irs.gov/ScheduleB for instructions and the latest information.
▶ Attach to Form 1040 or 1040-SR.

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

Part I

Interest

(See instructions
and the
Instructions for
Form 1040, 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.

- 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 ▶

Citibank Bank NA

Amount

17

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

17

3

4

17

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

Part II

Ordinary Dividends

(See instructions
and the
Instructions for
Form 1040, 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.

- 5** List name of payer ▶

5

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

6

0

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

Part III

Foreign Accounts and Trusts

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

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

Yes No

- 7a** At any time during 2021, 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 2021, 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

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

Schedule B (Form 1040) 2021

SCHEDULE D
(Form 1040)**Capital Gains and Losses**

OMB No. 1545-0074

2021Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **12**

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)
1a 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
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	(5,610)
7 Net short-term capital gain or (loss). 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			7	-5,610

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)
8a 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
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	2,000,000	1,268,055	-630,275	101,670
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	(13,811)
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on the back			15	87,859

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

Schedule D (Form 1040) 2021

HTA

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. <p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶</p> <p>19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶</p> <p>20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>	<p>16</p> <hr/> <p>18</p> <hr/> <p>19</p> <hr/> <p>21 ()</p>	<p>82,249</p> <hr/>
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Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

Kirsten E and Jonathan M Gillibrand

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

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

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	221 11th Street SE Washington DC 20003	2/2/2011	12/10/2021	2,000,000	1,268,055	EH	-630,275	101,670
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			2,000,000	1,268,055		-630,275	101,670

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE 8812
(Form 1040)

Credits for Qualifying Children and Other Dependents

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

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/Schedule8812 for instructions and the latest information.



8812

OMB No. 1545-0074

2021

Attachment
Sequence No. **47**

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

Part I-A Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR	1	255,568
2a	Enter income from Puerto Rico that you excluded	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b	0
c	Enter the amount from line 15 of your Form 4563	2c	0
d	Add lines 2a through 2c	2d	0
3	Add lines 1 and 2d	3	255,568
4a	Number of qualifying children under age 18 with the required social security number	4a	1
b	Number of children included on line 4a who were under age 6 at the end of 2021	4b	0
c	Subtract line 4b from line 4a	4c	1
5	If line 4a is more than zero, enter the amount from the Line 5 Worksheet ; otherwise, enter -0-	5	2,000
6	Number of other dependents, including any qualifying children who are not under age 18 or who do not have the required social security number	6	1
Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4a.			
7	Multiply line 6 by \$500	7	500
8	Add lines 5 and 7	8	2,500
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0
11	Multiply line 10 by 5% (0.05)	11	0
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	2,500
13	Check all the boxes that apply to you (or your spouse if married filing jointly). A Check here if you (or your spouse if married filing jointly) had a principal place of abode in the United States for more than half of 2021 <input checked="" type="checkbox"/> B Check here if you (or your spouse if married filing jointly) were a bona fide resident of Puerto Rico for 2021 <input type="checkbox"/>		

Part I-B Filers Who Check a Box on Line 13

Caution: If you did not check a box on line 13, do not complete Part I-B; instead, skip to Part I-C.

14a	Enter the smaller of line 7 or line 12	14a	500
b	Subtract line 14a from line 12	14b	2,000
c	If line 14a is zero, enter -0-; otherwise, enter the amount from the Credit Limit Worksheet A	14c	36,310
d	Enter the smaller of line 14a or line 14c	14d	500
e	Add lines 14b and 14d	14e	2,500
f	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line	14f	1,500
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
g	Subtract line 14f from line 14e. If zero or less, enter -0- on lines 14g through 14i and go to Part III	14g	1,000
h	Enter the smaller of line 14d or line 14g. This is your credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR	14h	500
i	Subtract line 14h from line 14g. This is your refundable child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR	14i	500

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

HTA

Schedule 8812 (Form 1040) 2021

Part I-C Filers Who Do Not Check a Box on Line 13**Caution:** If you checked a box on line 13, do not complete Part I-C.

15a	Enter the amount from the Credit Limit Worksheet A	15a	0
b	Enter the smaller of line 12 or line 15a	15b	0
Additional child tax credit. Complete Parts II-A through II-C if you meet each of the following items.			
1. You are not filing Form 2555.			
2. Line 4a is more than zero.			
3. Line 12 is more than line 15a.			
c	If you completed Parts II-A through II-C, enter the amount from line 27; otherwise, enter -0-	15c	0
d	Add lines 15b and 15c	15d	0
e	Enter the aggregate amount of advance child tax credit payments you (and your spouse if filing jointly) received for 2021. See your Letter(s) 6419 for the amounts to include on this line. If you are missing Letter 6419, see the instructions before entering an amount on this line. If you didn't receive any advance child tax credit payments for 2021, enter -0-	15e	
Caution: If the amount on this line doesn't match the aggregate amounts reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.			
f	Subtract line 15e from line 15d. If zero or less, enter -0- on lines 15f through 15h and go to Part III	15f	0
g	Enter the smaller of line 15b or line 15f. This is your nonrefundable child tax credit and credit for other dependents. Enter this amount on line 19 of your Form 1040, 1040-SR, or 1040-NR.	15g	0
h	Subtract line 15g from line 15f. This is your additional child tax credit. Enter this amount on line 28 of your Form 1040, 1040-SR, or 1040-NR.	15h	0

Part II-A Additional Child Tax Credit (use only if completing Part I-C)**Caution:** If you file Form 2555, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.**Caution:** If you checked a box on line 13, do not complete Parts II-A through II-C; you cannot claim the additional child tax credit.

16a	Subtract line 15b from line 12. If zero, skip Parts II-A and II-B and enter -0- on line 27	16a	0
b	Number of qualifying children under 18 with the required social security number: <u>0</u> x \$1,400. Enter the result. If zero, skip Parts II-A and II-B and enter -0- on line 27	16b	0
TIP: The number of children you use for this line is the same as the number of children you used for line 4a.			
17	Enter the smaller of line 16a or line 16b	17	0
18a	Earned income (see instructions)	18a	0
b	Nontaxable combat pay (see instructions)	18b	0
19	Is the amount on line 18a more than \$2,500? <input type="checkbox"/> No. Leave line 19 blank and enter -0- on line 20. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 18a. Enter the result	19	0
20	Multiply the amount on line 19 by 15% (0.15) and enter the result Next. On line 16b, is the amount \$4,200 or more? <input type="checkbox"/> No. If line 20 is zero, enter -0- on line 15c. Otherwise, skip Part II-B and enter the smaller of line 17 or line 20 on line 27. <input type="checkbox"/> Yes. If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.	20	0

Part II-B Certain Filers Who Have Three or More Qualifying Children

21	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	21	0
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22	0
23	Add lines 21 and 22	23	0
24	1040 and 1040-SR filers: Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. 1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. }	24	0
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	0
26	Enter the larger of line 20 or line 25 Next, enter the smaller of line 17 or line 26 on line 27.	26	0

Part II-C Additional Child Tax Credit

27	Enter this amount on line 15c	27	0
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Part III Additional Tax (use only if line 14g or line 15f, whichever applies, is zero)

28a	Enter the amount from line 14f or line 15e, whichever applies	28a	0
b	Enter the amount from line 14e or line 15d, whichever applies	28b	0
29	Excess advance child tax credit payments. Subtract line 28b from line 28a. If zero, stop; you do not owe the additional tax	29	0
30	Enter the number of qualifying children taken into account in determining the annual advance amount you received for 2021. See your Letter 6419 for this number. If you are missing your Letter 6419, you are filing a joint return, or you received more than one Letter 6419, see the instructions before entering a number on this line Caution: If the amount on this line doesn't match the number of qualifying children reported to you (and your spouse if filing jointly) on your Letter(s) 6419, the processing of your return will be delayed.	30	
31	Enter the smaller of line 4a or line 30	31	0
32	Subtract line 31 from line 30. If zero, skip to line 40 and enter the amount from line 29; otherwise, continue to line 33	32	0
33	Enter the amount shown below for your filing status. <ul style="list-style-type: none"> • Married filing jointly or Qualifying widow(er)—\$60,000 • Head of household—\$50,000 • All other filing statuses—\$40,000 	33	0
34	Subtract line 33 from line 3. If zero or less, enter -0-	34	0
35	Enter the amount from line 33	35	0
36	Divide line 34 by line 35. Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	36	0.0000
37	Multiply line 32 by \$2,000	37	0
38	Multiply line 37 by line 36	38	0
39	Subtract line 38 from line 37	39	0
40	Subtract line 39 from line 29. If zero or less, enter -0-. This is your additional tax. If more than zero, enter this amount on Schedule 2 (Form 1040), line 19	40	0

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2021Department of the Treasury
Internal Revenue Service
Name(s) shown on return

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Your taxpayer identification number

Kirsten E and Jonathan M Gillibrand

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i			
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c).	2	0
3	Qualified business net (loss) carryforward from the prior year.	3	(16,808)
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-.	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20).	5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions).	6	0
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	7	(0)
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-.	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20).	9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9.	10	0
11	Taxable income before qualified business income deduction (see instructions).	11	229,868
12	Net capital gain (see instructions).	12	82,249
13	Subtract line 12 from line 11. If zero or less, enter -0-.	13	147,619
14	Income limitation. Multiply line 13 by 20% (0.20).	14	29,524
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions).	15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-.	16	(16,808)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-.	17	(0)

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

Form **8995** (2021)

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

OMB No. 1545-2227

2021Attachment
Sequence No. **72**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

Kirsten E and Jonathan M Gillibrand

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	17
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	82,249	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	82,249
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	82,266

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	82,266
13	Modified adjusted gross income (see instructions)	13	255,568	
14	Threshold based on filing status (see instructions)	14	250,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	5,568	
16	Enter the smaller of line 12 or line 15		16	5,568
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	212
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	0	
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	0	
20	Enter the smaller of line 18c or line 19c		20	0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	0



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2021, through December 31, 2021, or fiscal year beginning

21

and ending

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
KIRSTEN	E	GILLIBRAND		
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
JONATHAN	M	GILLIBRAND		
Mailing address (see instructions, page 12) (number and street or PO Box)			Apartment number	New York State county of residence
				ALBANY
City, village, or post office	State	ZIP code	Country	School district name
	NY			ALBANY
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route)			Apartment number	School district code number
				005
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

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 2021 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 13) Yes ☐ No ☒

D2 Were you required to report any nonqualified deferred compensation, as required by IRC § 457A on your 2021 federal return? (see page 13) Yes ☐ No ☒

E (1) Did you or your spouse maintain living quarters in NYC during 2021? (see page 13) Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2021 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 13):

(1) Number of months you lived in NYC in 2021

(2) Number of months your spouse lived in NYC in 2021 ...

G Enter your 2-character special condition code(s) if applicable (see page 13)

H Dependent information (see page 14)

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

Federal income and adjustments (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	173302.00
2	Taxable interest income	2	17.00
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	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	82249.00
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 14) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	255568.00
18	Total federal adjustments to income (see page 14) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	255568.00
19a	Recomputed federal adjusted gross income (see page 14, Line 19a worksheet)	19a	255568.00

New York additions (see page 15)

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 15)	21	.00
22	New York's 529 college savings program distributions (see page 15)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	255568.00

New York subtractions (see page 16)

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 16)	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 17)	29	.00
30	New York's 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	New York adjusted gross income (subtract line 32 from line 24)	33	255568.00

Standard deduction or itemized deduction (see page 19)

34	Enter your standard deduction (table on page 19) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard -or- <input type="checkbox"/> Itemized	34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	239518.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 19)	36	2000.00
37	Taxable income (subtract line 36 from line 35)	37	237518.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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

Your Social Security number
[REDACTED]

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	237518.00
39	NYS tax on line 38 amount (see page 20)	39	15035.00
40	NYS household credit (page 20, table 1, 2, or 3)	40	.00
41	Resident credit (see page 21)	41	2718.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	2718.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	12317.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	12317.00

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

47	NYC taxable income (see page 21)	47	.00
47a	NYC resident tax on line 47 amount (see page 21)	47a	.00
48	NYC household credit (page 21)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base ..	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge (see page 24)	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00

See instructions on pages 21 through 24 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

59	Sales or use tax (see page 25; do not leave line 59 blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	12317.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number

62 Enter amount from line 61

62 12317.00

Payments and refundable credits (see pages 26 through 29)

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	9147.00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	4500.00

76 Total payments (add lines 63 through 75)

76 13647.00

Your refund, amount you owe, and account information (see pages 30 through 32)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76; see page 30)

77 1330.00

78 Amount of line 77 available for refund (subtract line 79 from line 77)

78 1330.00

TIP: Use this amount to check your refund status online.

78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)

78a .00

78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)

78b 1330.00

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

79 Amount of line 77 that you want applied to your 2022

estimated tax (see instructions)

79 .00

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 31)

81 .00

82 Other penalties and interest (see page 31)

82 .00

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

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg 32)

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

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 32) Date Amount .00

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

▼ Paid preparer must complete ▼ (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code
	Preparer's signature	Preparer's printed name
	Firm's name (or yours, if self-employed)	Preparer's PTIN or SSN
	Address	Employer identification number
	Date	04192022
Email:		

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation US SENATOR	
Spouse's signature and occupation (if joint return) FINANCE MAN	
Date	Daytime phone number
Email:	

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York State Resident Credit

Tax Law – Section 620

IT-112-R

Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

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

Submit this form with Form IT-201, IT-203, or IT-205. Failure to do so will delay any refund to which you may be entitled or, if you owe taxes, could result in late-filing penalties.

Part 1 – Income and adjustments (see instructions)	A	B
	Amount reported on New York State return	Amount sourced to and taxed by other taxing authority
	Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.	1 173302.00	1 19276.00
2 Taxable interest income	2 17.00	2 8.00
3 Ordinary dividends	3 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes	4 .00	4 .00
5 Alimony received	5 .00	5 .00
6 Business income or loss	6 .00	6 .00
7 Capital gain or loss	7 82249.00	7 41221.00
8 Other gains or losses	8 .00	8 .00
9 Taxable amount of IRA distributions	9 .00	9 .00
10 Taxable amount of pensions and annuities	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11 .00	11 .00
12 Farm income or loss	12 .00	12 .00
13 Unemployment compensation	13 .00	13 .00
14 Taxable amount of Social Security benefits	14 .00	14 .00
15 Other income	15 .00	15 .00
16 Add lines 1 through 15	16 255568.00	16 60505.00
17 Total federal adjustments to income	17 .00	17 .00
18 Federal adjusted gross income (subtract line 17 from line 16)	18 255568.00	18 60505.00
18a Recomputed federal adjusted gross income (see instr.) ...	18a 255568.00	18a [REDACTED]
19 New York adjustments (see instructions)	19 .00	19 [REDACTED]
20 New York adjusted gross income (see instructions)	20 255568.00	20 60505.00
21 Capital gain portion of lump-sum distributions (see instr.) ..	21 .00	21 .00
22 Add lines 20 and 21	22 255568.00	22 60505.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on page 2)

Part 2 – Computing your resident credit for taxes paid to another state, local government, or the District of Columbia

- 23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions) **23** DC
- Also enter the locality name, if applicable Locality name:
- 24 Enter the amount of income tax imposed on this year's return for the other state or local government that was paid by the:
- 24a Taxpayer **24a** 2718.00
- 24b Entity on behalf of the taxpayer **24b** .00
- 24 Total income tax imposed (add lines 24a and 24b) **24** 2718.00

If the taxes were paid on a group (composite) return, then mark an **X** in the box ☐

Enter the group's EIN

- 25 New York State tax payable (see instructions) **25** 15035.00
- 26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) . **26** 0.2367
- 27 Multiply line 25 by line 26 **27** 3559.00
- 28 Enter amount from line 24 or line 27, whichever is less (see instructions) **28** 2718.00
- 29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) **29** .00
- 30 Add lines 28 and 29 **30** 2718.00

Part 3 – Application of Credit

- 31 Tax due before credits (see instructions) **31** 15035.00
- 32 Other credits that you applied before this credit (see instructions) **32** .00
- 33 Subtract line 32 from line 31 **33** 15035.00
- 34 Enter the amount from line 30 or line 33, whichever is less (see instructions) **34** 2718.00

Part 4 – Information from your return filed with the other state, local government, or the District of Columbia

You are not **required** to submit a copy of the return you filed with the other state or local government with Form IT-201, IT-203, or IT-205. Submitting a copy of the other return is **optional**. However, you may be required to furnish a copy of the other return at a later date. Whether or not you submit a copy of the other return, you **must** complete this section.

- 35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions) **35** 1331.00
- 36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions) **36** .00
- 37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions) **37** 1387.00

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**Box b** Employer identification number (EIN)**Box c** Employer's information**Employer's name**

UNITED STATES SENATE DISBURSING OFFICE

Employer's address (number and street)

RM SH-127 HART OFFICE BLDG

City

WASHINGTON

State

DC

ZIP code

205107104

Country (if not United States)**Box 1** Wages, tips, other compensation

154026.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

8700.00

Code

D

Box 12b Amount

14619.00

Code

DD

Box 12c Amount

.00

Code**Box 12d** Amount

.00

Code**Box 14a** Amount

9898.00

Description

NOT ON LIST

Box 14b Amount

.00

Description**Box 14c** Amount

.00

Description**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.

154026.00

Box 17a NYS income tax withheld

9147.00

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):

Locality a**Locality b****Box 18** Local wages, tips, etc.

.00

Locality a**Locality b****Box 19** Local income tax withheld

.00

Locality a**Locality b****Box 20** Locality name

Do not detach.

W-2 Record 2**Box a** Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information**Employer's name**

US DEPARTMENT OF STATE CHARLESTON FINANCIAL SERVICE CENTER

Employer's address (number and street)

2010 BAINBRIDGE AVENUE

City

CHARLESTON

State

SC

ZIP code

29405

Country (if not United States)**Box 1** Wages, tips, other compensation

19276.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

994.00

Code

D

Box 12b Amount

.00

Code**Box 12c** Amount

.00

Code**Box 12d** Amount

.00

Code**Box 14a** Amount

.00

Description**Box 14b** Amount

.00

Description**Box 14c** Amount

.00

Description**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

DC

Box 16b Other state wages, tips, etc.

19276.00

Box 17b Other state income tax withheld

1331.00

NYC and Yonkers

information (see instr):

Locality a**Locality b****Box 18** Local wages, tips, etc.

.00

Locality a**Locality b****Box 19** Local income tax withheld

.00

Locality a**Locality b****Box 20** Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM

2021 D-40 SUB Individual Income Tax Return

SOFTWARE DEVELOPER USE ONLY VENDOR D#

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal Information

Mark if filing an Amended return. See instructions.

Your telephone number

Mark if
Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name

M.I.

Last name

JONATHAN

M

GILLIBRAND

Spouse's/registered
domestic partner's first name

M.I.

Last name

KIRSTEN

GILLIBRAND

Home address (number, street and suite/apartment number (if applicable))

City

State

Zip Code + 4

Email Address

Filing Status

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

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on same return. Enter combined amounts for Lines 5-43. See instructions.

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

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S

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

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes ☒ No
If no, or if claiming an exemption, complete Schedule HSR (see instructions).

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

Income Information

Round cents to nearest dollar. If amount is zero, leave line
if blank; minus, enter amount and fill in oval.

a	Wages, salaries, unemployment compensation and/or tips, see instructions		a	19276.00
b	Business income or loss, see instructions.	Mark if loss	b	.00
c	Capital gain or loss.	Mark if loss	c	41221.00
d	Rental real estate, royalties, partnerships, etc.	Mark if loss	d	.00

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 60505.00

Enter your last name
Enter your TIN

GILLIBRAND

Additions to DC Income

5 Franchise tax deducted on federal forms, <i>see instructions</i> .	5	.00
6 Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7 Add Lines 4, 5 and 6.	7	60505.00

Mark if loss

Subtractions from DC Income

8 Part year residents, enter income received during period of nonresidence, <i>see instructions</i> .	8	.00
9 Taxable refunds, credits or offsets of state and local income tax.	9	.00
10 Taxable amount of social security and tier 1 railroad retirement.	10	.00
11 Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12 DC and federal government survivor benefits, <i>see instructions</i> .	12	.00
13 Unemployment Insurance Benefits, <i>see instructions</i> .	13	.00
14 Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15 Total subtractions from DC income, Lines 8 - 14.	15	.00

16 DC adjusted gross income, Line 7 minus Line 15.	16	60505.00
--	----	----------

Mark if loss

17 Deduction type. Take the same type as you took on your federal return. Fill in which type	Standard	X	or Itemized
--	----------	---	-------------

See instructions for amount to enter on Line 17.

18 DC deduction amount.	18	12550.00
-------------------------	----	----------

19 DC taxable income. Subtract Line 18 from Line 16.	19	47955.00
--	----	----------

Mark if loss

20 Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.	20	2718.00
--	----	---------

Fill in if filing separately on same return. Complete Calculation J on Schedule S.

21 Credit for child and dependent care expenses.	21	.00 X .32	.00
--	----	-----------	-----

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	22	.00
---	----	-----

23 Total non-refundable credits. Add Line 21 and Line 22.	23	.00
---	----	-----

24 Subtract Line 23 from Line 20. If less than zero, enter zero	24	2718.00
---	----	---------

25 DC Health Care Shared Responsibility. See instructions. If fully covered or fully exempt, enter zero.	25	.00
--	----	-----

26 Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	26	2718.00
---	----	---------

27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income	See instructions.
---	-------------------

27a Enter the number of qualified EITC children.	27b Enter earned income amount	27b	19276.00
--	--------------------------------	-----	----------

27c For filers with qualifying children. Enter federal EIC	.00 X .40	Enter result >	27d	.00
--	-----------	----------------	-----	-----

27e For filers without qualifying children. See instructions for special calculations.	Enter result >	27e	.00
--	----------------	-----	-----

28 Property Tax Credit. From your DC Schedule H; attach a copy.	28	.00
---	----	-----

Enter your last name
Enter your TIN

GILLIBRAND

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	1331.00
32	2021 estimated income tax payments and amount applied from 2020 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2021 return, enter payments made with original 2021 D-40 return.	34	.00
35	If this is an amended 2021 return, enter refunds requested with original 2021 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	1331.00
37	Tax Due. <i>Subtract Line 36 from Line 26.</i>	37	1387.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	.00
39	Amount to be applied to your 2022 estimated tax.	39	.00
40	Underpayment Interest. Fill in the oval and attach Form D-2210. <input checked="" type="checkbox"/> X	40	78.00
41	Contribution amount from Schedule U, Part II, Line 5. <i>(Cannot exceed amount on Line 38)</i>	41	.00
42	Total Amount Due. <i>Add Lines 37, 40 and 41.</i>	42	1465.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	.00
44	Will this refund go to an account outside the U.S. ? Yes No <i>See instructions.</i>		
44	Fill in <input type="checkbox"/> if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.		

Refund Options: For information on the tax refund card and Program limitations, see instructions or visit our website MyTax.DC.gov

Mark one refund choice: Direct deposit or Reliacard (See instructions) or Paper check

Direct deposit. *To have your refund deposited to your* **checking** or **savings** account, fill in and enter bank routing and account numbers. See instructions.

Routing Number

Account Number

Fill in ☐ if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).Third party designee *To authorize another person to discuss this return with OTR, mark here* ☒ **X** *and enter the name and phone number of that person*

Designee's Name

Phone number

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

Your signature

Date

Preparer's signature

Date

Spouse's/registered domestic partner's signature if filing jointly or separately on same return

Date

Preparer's Tax Identification Number (PTIN)

04272022

PTIN telephone number

2021 SCHEDULE S Supplemental
Information and Dependents

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

SOFTWARE DEVELOPER USE ONLY

VENDOR ID#

Enter your Taxpayer Identification Number (TIN)

Enter your last name.

GILLIBRAND

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

First name THEODORE	M.I. I	Last name GILLIBRAND
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

**Head of household filers
or qualifying widow(er)**

Do not enter your information

First name of qualifying non-dependent person	TIN of qualifying non-dependent person	Date of Birth of qualifying non-dependent person (MMDDYYYY)
	M.I.	Last name

2021 SCHEDULE S PAGE 2

Last name and TIN **GILLIBRAND**
Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers

*If you were born before January 2, 1957, you are considered to be age 65 at the end of 2021

a	Basic standard deduction amount. See instructions.	a	12550.00
b	Enter 1 if you are age 65 or over.*	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over.*	d	
e	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,350 (1,700 if single or head of household) by number on Line f. See instructions.	g	.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	12550.00
i	Total number of dependents.	i	1

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

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

		You	Your spouse /registered domestic partner
a	Federal adjusted gross income	a	.00 .00
If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.			
b	Total additions to federal adjusted gross income	b	.00 .00
Enter each person's portion of additions entered on D-40, Lines 5 and 6.			
c	Add Lines a and b.	c	.00 .00
d	Total subtractions from federal adjusted gross income	d	.00 .00
Enter each person's portion of subtractions entered on D-40, Line 15.			
e	DC adjusted gross income Subtract Line d from Line c.	e	.00 .00
f	Deduction amount. Enter each person's portion of deductions entered on D-40, Line 18. (You may allocate this amount as you wish.)	f	.00 .00
g	Taxable income. Subtract Line f from Line e.	g	.00 .00
h	Tax. If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.	h	.00 .00
i	Add the amounts on Line h, enter here and on D-40, Line 20.	i	.00 Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i

2021 SCHEDULE I SUB Additions to and Subtractions from Federal Adjusted Gross Income

Important: Print in CAPITAL letters using black ink. Attach to your D-40.

Enter your last name

GILLIBRAND

Taxpayer Identification Number (TIN)

SOFTWARE DEVELOPER USE ONLY
VENDOR ID#

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

Dollars only, do not add cents.

1	Part-year DC resident - enter the portion of adjustments (from Federal Form 1040, 1040-SR or 1040-NR) that relate to the time you <u>resided outside</u> DC. <i>For Lines 2 - 7 below include only the amounts related to the time you resided in DC.</i>	1	.00
2	Income distributions eligible for income averaging on your federal tax return (from federal Form 4972).	2	0.00
3	100% federal bonus depreciation and/or extra IRC § 179 expenses claimed on federal return.	3	0.00
4	Any part of a discrimination award subject to income averaging.	4	.00
5	Deductions for S Corporations from Schedule K-1, form 1120 S.	5	.00
6	Pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).	6	.00
7	Other (see instructions)	7	0.00
8	Capital gains deferred on federal return due to investment in Qualified Opportunity Fund	8	0.00
9	Total additions Add entries on Lines 1-8. Enter the total here and on D-40, Line 6.	9	0.00

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

1	Taxable interest from US Treasury bonds and other obligations. <i>See instructions.</i>	1	0.00
2	Disability income exclusion from DC Form D-2440, Line 10. <i>See instructions.</i>	2	0.00
3	Interest and dividend income of a child from Federal Form 8814*.	3	0.00
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	4	.00
5	Excess of DC allowable depreciation over federal allowable depreciation. <i>See instructions.</i>	5	0.00
6	Amount paid (or carried over) to DC College Savings Plan in 2021 (maximum \$4000 per person, \$8000 for joint filers if each is an account owner). <i>Part-year residents see instructions.</i>	6	.00
7a	Exclusion of up to \$10,000 for DC residents (certified by the Social Security Adm. as disabled) with adjusted annual household income of less than \$100,000. <i>See instructions.</i>	7a	.00
7b	Annual household adjusted gross income.	7b	.00
8	Expenditures by DC teachers for necessary classroom teaching materials, 500 annual limit per person. <i>See instructions.</i>	8	.00
9	Expenditures by DC teachers for certain tuition and fees, 1500 annual limit per person. <i>See instructions.</i>	9	.00
10	Loan repayment awards received by health-care professionals from DC government. <i>See instructions.</i>	10	.00
11	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. <i>Make no entry if the premium was deducted on your federal return, see instructions</i>	11	.00
12	DC Poverty Lawyer Loan Assistance. <i>See instructions.</i>	12	.00
13	Other. (See instructions.)	13	0.00
14	Military Spouse Residency Relief Act. <i>See instructions.</i>	14	.00
15	Capital gains deferred due to DC approved investment in DC Qualified Opportunity Fund	15	0.00
16	Total subtractions. Add entries on Lines 1-7a and 8-15. Enter the total here and on D-40, Line 14.	16	0.00

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

2021 D-2210 Underpayment of Estimated
Income Tax By Individuals

VENDOR ID #

IMPORTANT: Please read the instructions before completing this form.

Your First name, M.I., Last name

JONATHAN M GILLIBRAND

Taxpayer Identification Number (TIN)

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

Spouse's/domestic partner's TIN

Daytime telephone number

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

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

Computation of Underpayment Interest

1	2021 DC Tax Liability - Line 24 from your 2021 DC Individual Income Tax Return minus Line 30.	2718.00				
2	Multiply the amount on Line 1 by 90% (.90)	2446.00				
3	2020 DC Tax Liability - Line 23 from your 2020 DC Individual Income Tax Return the sum of Lines 26d or 26e through Line 28	.00				
4	Multiply Line 3 amount by 110%.	0.00				
5	Minimum withholding and estimated tax payment required for tax year 2021 (lesser of Line 2 and 4)	2446.00				
6	Multiply Line 5 amount by 25% (.25) for amount required for each periodic payment <i>Note: If your income was not evenly divided over 4 periods, see instructions on the "Annualized Income" method.</i>	612.00				
			Due date of Payments			
			1st Period 04/15/21	2nd Period 06/15/21	3rd Period 09/15/21	4th Period 01/15/22
7	Enter Line 6 amount or the annualized income amount in each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts). Mark here if you are using "Annualized Income" method.	612	1224	1836	2446	
8	DC withholding and estimated tax paid each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).	333	666	999	1331	
9	Underpayment each period (Line 7 minus Line 8)	279	558	837	1115	
10	Underpayment interest factors	.0175	.0265	.0351	.0259	
11	Line 9 multiplied by Line 10	5	15	29	29	
12	Underpayment interest – Total of amounts from Line 11 (See instructions)	Pay this amount		78.00		

Make check or money order payable to: DC Treasurer