

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return 2007**

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

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20 OMB No. 1545-0074

**Label** (See instructions) Your first name MI Last name Your social security number  
**Use the IRS label.** Otherwise, please print or type. Kirsten E. Gillibrand  
 If a joint return, spouse's first name MI Last name Spouse's social security number  
 Jonathan M. Gillibrand  
 Home address (number and street). If you have a P.O. box, see instructions. Apartment no. You must enter your social security number(s) above.  
 City, town or post office. If you have a foreign address, see instructions. State ZIP code  
 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)  You  Spouse

**Filing Status**

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

**Exemptions**

6a  Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b 2  
 b  Spouse. No. of children on 6c who:  
 c Dependents:  
 (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4)  it qualifying child for child tax credit (see instrs)  
 Theodore I Gillibrand [redacted] Child   
 Dependents on 6c not entered above  
 Add numbers on lines above 3  
 d Total number of exemptions claimed 3

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 132,107.  
 8a Taxable interest. Attach Schedule B if required 8a 11,597.  
 b Tax-exempt interest. Do not include on line 8a 8b 20.  
 9a Ordinary dividends. Attach Schedule B if required 9a 330.  
 b Qualified dividends (see instrs) 9b 330.  
 10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions) 10 1,331.  
 11 Alimony received 11  
 12 Business income or (loss). Attach Schedule C or C-EZ 12 13,755.  
 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here  13 40,255.  
 14 Other gains or (losses). Attach Form 4797 14  
 15a IRA distributions 15a b Taxable amount (see instrs) 15b  
 16a Pensions and annuities 16a b Taxable amount (see instrs) 16b -240.  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
 18 Farm income or (loss). Attach Schedule F 18  
 19 Unemployment compensation 19  
 20a Social security benefits 20a b Taxable amount (see instrs) 20b  
 21 Other income 21  
 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22 199,135.

**Adjusted Gross Income**

23 Educator expenses (see instructions) 23  
 24 Certain business expenses of reservists, performing artists, and fee basis government officials. Attach Form 2106 or 2106-EZ 24  
 25 Health savings account deduction. Attach Form 8889 25  
 26 Moving expenses. Attach Form 3903 26  
 27 One-half of self-employment tax. Attach Schedule SE 27 972.  
 28 Self-employed SEP, SIMPLE, and qualified plans 28  
 29 Self-employed health insurance deduction (see instructions) 29  
 30 Penalty on early withdrawal of savings 30  
 31a Alimony paid b Recipient's SSN 31a  
 32 IRA deduction (see instructions) 32  
 33 Student loan interest deduction (see instructions) 33  
 34 Tuition and fees deduction. Attach Form 8917 34  
 35 Domestic production activities deduction. Attach Form 8903 35  
 36 Add lines 23 - 31a and 32 - 35 36 972.  
 37 Subtract line 36 from line 22. This is your adjusted gross income 37 198,163.

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)	38	198,163.
	39a	Check if: <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	52,418.
	41	Subtract line 40 from line 38	41	145,745.
	42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the instructions.	42	10,200.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	135,545.
	44	Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	26,903.
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	1,558.
	46	Add lines 44 and 45	46	28,461.
	47	Credit for child and dependent care expenses. Attach Form 2441	47	600.
48	Credit for the elderly or the disabled. Attach Schedule R	48		
49	Education credits. Attach Form 8863	49		
50	Residential energy credits. Attach Form 5695	50		
51	Foreign tax credit. Attach Form 1116 if required	51		
52	Child tax credit (see instructions). Attach Form 8901 if required	52		
53	Retirement savings contributions credit. Attach Form 8880	53		
54	Credits from: a <input type="checkbox"/> Form 8336 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54		
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55		
56	Add lines 47 through 55. These are your total credits	56	600.	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	27,861.	
<b>Other Taxes</b>	58	Self-employment tax. Attach Schedule SE	58	1,944.
	59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2, box 9	61	
	62	Household employment taxes. Attach Schedule H	62	696.
	63	Add lines 57-62. This is your total tax	63	30,501.
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64	24,153.
	65	2007 estimated tax payments and amount applied from 2006 return	65	5,500.
	66a	Earned income credit (EIC)	66a	
	66b	Nontaxable combat pay election	66b	
	67	Excess social security and tier 1 RRTA tax withheld (see instructions)	67	
	68	Additional child tax credit. Attach Form 8812	68	
	69	Amount paid with request for extension to file (see instructions)	69	
	70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71		
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	29,653.	
<b>Refund</b>	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> 74a		
	75	Amount of line 73 you want applied to your 2008 estimated tax	75	
<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions	76	848.
	77	Estimated tax penalty (see instructions)	77	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
<b>Sign Here</b>	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.			
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Preparer's SSN or PTIN	
	Firm's name (or yours if self-employed) address, and ZIP code	EIN	Phone no.	

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040.  
▶ See Instructions for Schedule A (Form 1040).

Name(s) shown on Form 1040

Your social security number

**Kirsten E. and Jonathan M. Gillibrand**

		1	2	3	4
<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1			
	2 Enter amount from Form 1040, line 38	2			
	3 Multiply line 2 by 7.5% (.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			0.
<b>Taxes You Paid</b>	5 State and local (check only one box):				
	a <input checked="" type="checkbox"/> Income taxes, or	5	8,647.		
	b <input type="checkbox"/> General sales taxes.				
	6 Real estate taxes (see instructions)	6	16,629.		
	7 Personal property taxes	7			
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8	9			25,276.
<b>Interest You Paid</b>	10 Home mtg interest and points reported to you on Form 1098	10	23,961.		
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶	11			
	12 Points not reported to you on Form 1098. See instrs for spcl rules.	12			
	13 Qualified mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14			
	15 Add lines 10 through 14	15			23,961.
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs.	16	1,236.		
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.	17	953.		
	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			2,189.
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			0.
	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	3,000.		
	See attached statement	22	2,790.		
	22 Tax preparation fees	22			
	23 Other expenses — investment, safe deposit box, etc. List type and amount ▶	23			
	24 Add lines 21 through 23	24	5,790.		
	25 Enter amount from Form 1040, line 38	25	198,163.		
	26 Multiply line 25 by 2% (.02)	26	3,963.		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			1,827.
<b>Other Miscellaneous Deductions</b>	28 Other — from list in the instructions. List type and amount ▶	28			0.
<b>Total Itemized Deductions</b>	29 Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?			Reduction -835.	
	<input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.				
	<input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter.				52,418.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶				

Name(s) shown on Form 1040.

Kirsten E. and Jonathan M. Gillibrand

Your social security number

**Schedule B – Interest and Ordinary Dividends**

Attachment Sequence No. 08

**Part I Interest**

(See instructions for Form 1040, line 8a.)

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

		Amount
1	1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address	
	E Trade	40.
	Citibank N.A.	9,434.
	United Kingdom	2,088.
	Citigroup SmithBarney	35.
2 Add the amounts on line 1		11,597.
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, line 8a		11,597.

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

**Part II Ordinary Dividends**

(See instructions for Form 1040, line 9a.)

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.

		Amount	
5	5 List name of payer		
	Citigroup Smith Barney	330.	
	6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a		330.

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

**Part III Foreign Accounts and Trusts**

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (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 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See instructions for exceptions and filing requirements for Form TD F 90-22.1	X	
b	If 'Yes,' enter the name of the foreign country. <u>United Kingdom</u>		
8	During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.		X

**SCHEDULE C**  
**(Form 1040)**

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

OMB No. 1545-0074

**2007**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **09**

Name of proprietor  
**Jonathan M. Gillibrand**

Social security number (SSN)  
[REDACTED]

A Principal business or profession, including product or service (see instructions)  
**Real Estate Investment**

B Enter code from instructions  
▶ **531390**

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.)  
City, town or post office, state, and ZIP code

F Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

G Did you 'materially participate' in the operation of this business during 2007? If 'No,' see instructions for limit on losses. ...  Yes  No

H If you started or acquired this business during 2007, check here

**Part I Income**

1	Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, see the instructions and check here	<input type="checkbox"/>	1	14,000.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	14,000.
4	Cost of goods sold (from line 42 on page 2)		4	
5	Gross profit. Subtract line 4 from line 3		5	14,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	14,000.

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

8	Advertising	8	18	Office expense	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	20
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment	20a
12	Depletion	12	20b	b Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23
16	Interest:		24	Travel, meals, and entertainment:	24
a	Mortgage (paid to banks, etc)	16a	24a	a Travel	24a
b	Other	16b	24b	b Deductible meals and entertainment (see instructions)	24b
17	Legal & professional services	17	25	Utilities	25
		245.	26	Wages (less employment credits)	26
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns		27	Other expenses (from line 48 on page 2)	27
			28		245.
29	Tentative profit (loss). Subtract line 28 from line 7		29		13,755.
30	Expenses for business use of your home. Attach Form 8829		30		
31	Net profit or (loss). Subtract line 30 from line 29.		31		13,755.
	<ul style="list-style-type: none"> <li>If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>If a loss, you must go to line 32.</li> </ul>				
32	If you have a loss, check the box that describes your investment in this activity (see instructions).		32a	<input type="checkbox"/> All investment is at risk.	
	<ul style="list-style-type: none"> <li>If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.</li> <li>If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>		32b	<input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2007

**SCHEDULE D**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

► Attach to Form 1040 or Form 1040NR. ► See instructions for Schedule D (Form 1040).  
► Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **12**

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo. day, yr)	(c) Date sold (Mo. day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 50sh Market Vectors Eft Truct	6/30/06	2/27/07	2,016.	1,939.	77.
10sh Countrywide Financial Option - Expired	Various	1/23/07	0.	783.	-783.
25sh Countrywide Financial Option - Expired	Various	4/24/07	0.	529.	-529.
45sh Indymac Bancorp Inc Option - Expired	Various	7/24/07	0.	4,939.	-4,939.
15sh KB Home Option - Expired	Various	1/23/07	0.	986.	-986.
2 Enter your short-term totals, if any, from Schedule D-1, line 2...	2		112,777.		70,420.
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d).	3		114,793.		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.	4				
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.	5				
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions.	6				
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).	7				63,260.

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo. day, yr)	(c) Date sold (Mo. day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 515sh Trustco Bank Corp NY	4/21/05	9/25/07	5,634.	5,745.	-111.
20000sh Ambient Corp	3/05/04	2/22/07	1,587.	9,370.	-7,783.
29000sh Ambient Corp	Various	2/26/07	2,307.	10,250.	-7,943.
20000sh Ambient Corp	Various	2/27/07	1,607.	5,930.	-4,323.
20sh Intel Corp Option - Expired	Various	1/23/07	0.	530.	-530.
9 Enter your long-term totals, if any, from Schedule D-1, line 9.	9				-2,315.
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d).	10		11,135.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.	11				
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.	12				
13 Capital gain distributions. See instrs.	13				
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions.	14				
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2.	15				-23,005.

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

Schedule D (Form 1040) 2007

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	40,255.
<p>If line 16 is:</p> <ul style="list-style-type: none"> <li>• A <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• A <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• <b>Zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<p>17 Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions	18	
19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions	19	
<p>20 Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>		

**SCHEDULE D-1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule D (Form 1040)**

▶ See instructions for Schedule D (Form 1040).  
▶ Attach to Schedule D to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. **12A**

Name(s) shown on return

Your social security number

Kirsten E. and Jonathan M. Gillibrand

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

(a) Description of property (Example: 100 shares XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold (Mo, day, yr)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 2sh KB Home Option - Expired	Various	1/23/07	0.	471.	-471.
3sh Sears Option - Expired	Various	1/23/07	0.	657.	-657.
8sh New Century Financial Option - Expired	Various	1/23/07	0.	1,126.	-1,126.
10sh Intel Corp Option - Expired	Various	1/23/07	0.	467.	-467.
10sh Pulte Homes Option - Expired	Various	1/23/07	0.	1,527.	-1,527.
20sh Pulte Homes Option - Expired	Various	1/23/07	0.	625.	-625.
5sh Lululemon Athletica Option - Expired	Various	12/26/07	0.	839.	-839.
20sh Deckers Outdoor Option - Expired	Various	12/26/07	0.	2,235.	-2,235.
45sh Research in Motion Option - Expired	Various	1/23/07	0.	1,774.	-1,774.
10sh Research in Motion Option - Expired	Various	3/20/07	0.	725.	-725.
5sh Pan American Silver Option - Expired	Various	1/23/07	0.	244.	-244.
10sh Best Buy Inc.	Various	3/25/07	432.	1,088.	-656.
5sh WCI CMNTYS Inc	Various	3/27/07	611.	842.	-231.
25sh National City Corp	Various	7/20/07	721.	1,649.	-928.
5sh Accredited Home Lenders	6/28/07	7/30/07	1,936.	514.	1,422.
47sh Downey Finl Corp	Various	Various	2,610.	4,325.	-1,715.
17sh Countrywide Financial Corp	Various	Various	30,217.	5,536.	24,681.
25sh Crocs Inc	Various	Various	6,661.	3,304.	3,357.
35sh Crocs Inc	Various	Various	14,044.	4,531.	9,513.
5sh Downey Finl Corp	6/22/07	Various	10,946.	889.	10,057.
20sh Indymac Bancorp Inc.	Various	10/10/07	3,975.	2,645.	1,330.
20sh Pulte Homes Inc	Various	Various	22,865.	2,319.	20,546.
15sh Ryland Group Inc	Various	9/11/07	9,729.	1,259.	8,470.
13sh Bankunited Finl Corp	Various	Various	8,030.	2,766.	5,264.
<b>2 Totals.</b> Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 2 ▶			112,777.		70,420.





Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

Kirsten E. and Jonathan M. Gillibrand

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

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

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row 1: Wind Crest LLC, P, [blank], [redacted], [blank].

Summary table for Part II with columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 240, -240.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Row 1: [blank], [blank].

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: [blank], [blank], [blank], [blank].

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

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

Part V Summary

Summary table for Part V with columns: Description, Amount. Row 1: Net farm rental income or (loss) from Form 4835, 40, [blank]. Row 2: Total income or (loss), 41, -240.

**SCHEDULE SE**  
**(Form 1040)**

**Self-Employment Tax**

OMB No. 1545-0074

**2007**

Attachment  
Sequence No. 17

Department of the Treasury  
Internal Revenue Service

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

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

**Jonathan M. Gillibrand**

Social security number of person  
with self-employment income ▶

**Who Must File Schedule SE**

You must file Schedule SE if:

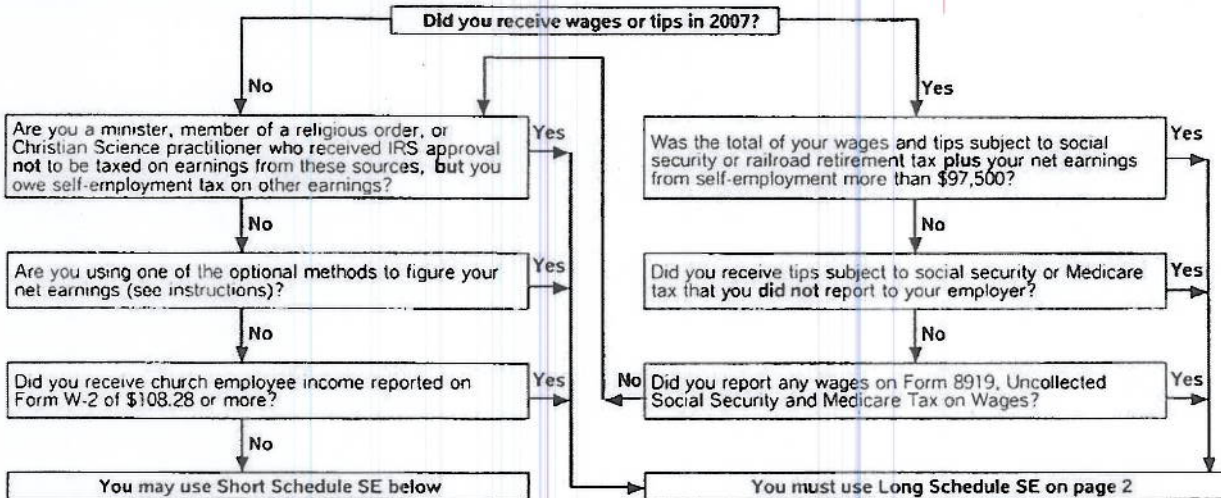
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order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

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

**Exception.** If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write "Exempt - Form 4361" on Form 1040, line 58.

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

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



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

1	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report	2	13,755.
3	Combine lines 1 and 2	3	13,755.
4	Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.	4	12,703.
5	Self-employment tax. If the amount on line 4 is: • \$97,500 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. • More than \$97,500, multiply line 4 by 2.9% (.029). Then, add \$12,090 to the result. Enter the total here and on Form 1040, line 58.	5	1,944.
6	Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.5). Enter the result here and on Form 1040, line 27.	6	972.

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

Schedule SE (Form 1040) 2007

**Child and Dependent Care Expenses**

Department of the Treasury  
Internal Revenue Service (99)

► Attach to Form 1040 or Form 1040NR.  
► See separate instructions.

**2007**  
Attachment  
Sequence No. 21

Name(s) shown on return

Your social security number

Kirsten E. and Jonathan M. Gillibrand

**Before you begin:** Figure the amount of any foreign tax credit you are claiming on Form 1040, line 51, or Form 1040NR, line 46.

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

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
	[REDACTED]	[REDACTED]	[REDACTED]	10,118.

Did you receive dependent care benefits?  No  Yes

No —> Complete only Part II below.  
Yes —> Complete Part III on page 2 next.

**Caution.** If the care was provided in your home, you may owe employment taxes. See the instructions for Form 1040, line 62, or Form 1040NR, line 57.

**Part II** **Credit for Child and Dependent Care Expenses**

**2** Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2007 for the person listed in column (a)
First	Last		
Theodore I	Gillibrand	[REDACTED]	10,118.

3 Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 35.	3	3,000.
4 Enter your <b>earned income</b> . See instructions.	4	132,107.
5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4.	5	12,783.
6 Enter the <b>smallest</b> of line 3, 4, or 5.	6	3,000.

7 Enter the amount from Form 1040, line 38, or Form 1040NR, line 36. **7** 198,163.

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:			If line 7 is:		
Over	But not over	Decimal amount is	Over	But not over	Decimal amount is
\$0—15,000		.35	\$29,000—31,000		.27
15,000—17,000		.34	31,000—33,000		.26
17,000—19,000		.33	33,000—35,000		.25
19,000—21,000		.32	35,000—37,000		.24
21,000—23,000		.31	37,000—39,000		.23
23,000—25,000		.30	39,000—41,000		.22
25,000—27,000		.29	41,000—43,000		.21
27,000—29,000		.28	43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2006 expenses in 2007, see the instructions. **9** 600.

10 Enter the amount from Form 1040, line 46, or Form 1040NR, line 43. **10** 28,461.

11 Enter the amount from Form 1040, line 51, or Form 1040NR, line 46. **11**

12 Subtract line 11 from line 10. If zero or less, **stop**. You cannot take the credit. **12** 28,461.

13 **Credit** for child and dependent care expenses. Enter the **smaller** of line 9 or line 12 here and on Form 1040, line 47 or Form 1040NR, line 44. **13** 600.

Form **6251**

**Alternative Minimum Tax – Individuals**

OMB No. 1545-0074

**2007**

Attachment Sequence No. **32**

Department of the Treasury  
Internal Revenue Service (99)

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

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

Your social security number

**Kirsten E. and Jonathan M. Gillibrand**

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	145,745.
2	Medical and dental. Enter the smaller of Schedule A (Form 1040), line 4 or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	25,276.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	1,827.
6	If Form 1040, line 38, is over \$156,400 (over \$78,200 if married filing separately), enter the amount from line 11 of the <b>Itemized Deductions Worksheet</b> in the Instructions for Schedule A (Form 1040).	6	-835.
7	Tax refund from Form 1040, line 10 or line 21	7	-1,331.
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Interest from specified private activity bonds exempt from the regular tax	11	
12	Qualified small business stock (7% of gain excluded under section 1202)	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income)	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	15	
16	Disposition of property (difference between AMT and regular tax gain or loss)	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	17	
18	Passive activities (difference between AMT and regular tax income or loss)	18	
19	Loss limitations (difference between AMT and regular tax income or loss)	19	
20	Circulation costs (difference between regular tax and AMT)	20	
21	Long-term contracts (difference between AMT and regular tax income)	21	
22	Mining costs (difference between regular tax and AMT)	22	
23	Research and experimental costs (difference between regular tax and AMT)	23	
24	Income from certain installment sales before January 1, 1987	24	
25	Intangible drilling costs preference	25	
26	Other adjustments, including income-based related adjustments	26	
27	Alternative tax net operating loss deduction	27	
28	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$207,500, see instructions.)	28	170,682.

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 18, see instructions.)																
	<table border="0"> <tr> <td>IF your filing status is . . .</td> <td>AND line 28 is not over . . .</td> <td>THEN enter on line 29 . . .</td> <td></td> </tr> <tr> <td>Single or head of household</td> <td>\$112,500</td> <td>\$44,350</td> <td rowspan="3">}</td> </tr> <tr> <td>Married filing jointly or qualifying widow(er)</td> <td>150,000</td> <td>66,250</td> </tr> <tr> <td>Married filing separately</td> <td>75,000</td> <td>33,125</td> </tr> </table>	IF your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .		Single or head of household	\$112,500	\$44,350	}	Married filing jointly or qualifying widow(er)	150,000	66,250	Married filing separately	75,000	33,125	29	61,079.
IF your filing status is . . .	AND line 28 is not over . . .	THEN enter on line 29 . . .															
Single or head of household	\$112,500	\$44,350	}														
Married filing jointly or qualifying widow(er)	150,000	66,250															
Married filing separately	75,000	33,125															
30	If line 28 is over the amount shown above for your filing status, see instructions. Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 33 and 35 and skip the rest of Part II	30	109,603.														
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 3b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.</li> <li><b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul>	31	28,461.														
32	Alternative minimum tax foreign tax credit (see instructions)	32															
33	Tentative minimum tax. Subtract line 32 from line 31	33	28,461.														
34	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 51). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	34	26,903.														
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	1,558.														

**Part III Tax Computation Using Maximum Capital Gains Rates**

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions.	36	109,603.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	37	330.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	38	0.
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see the instructions for the amount to enter.	39	330.
40	Enter the smaller of line 36 or line 39.	40	330.
41	Subtract line 40 from line 36.	41	109,273.
42	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	42	28,411.
43	Enter: <ul style="list-style-type: none"> <li>• \$63,700 if married filing jointly or qualifying widow(er),</li> <li>• \$31,850 if single or married filing separately, or</li> <li>• \$42,650 if head of household.</li> </ul>	43	63,700.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter -0-	44	135,215.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	0.
46	Enter the smaller of line 36 or line 37.	46	330.
47	Enter the smaller of line 45 or line 46.	47	
48	Multiply line 47 by 5% (.05).	48	
49	Subtract line 47 from line 46.	49	330.
50	Multiply line 49 by 15% (.15). If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.	50	50.
51	Subtract line 46 from line 40.	51	
52	Multiply line 51 by 25% (.25).	52	
53	Add lines 42, 48, 50, and 52.	53	28,461.
54	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.	54	28,497.
55	Enter the smaller of line 53 or line 54 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions.	55	28,461.

**SCHEDULE H**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-1971

**2007**

Attachment  
Sequence No. **44**

Name of employer

Social security number

Employer identification number

Jonathan M. Gillibrand

**A** Did you pay any one household employee cash wages of \$1,500 or more in 2007? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

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

**B** Did you withhold federal income tax during 2007 for any household employee?

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

**C** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No. Stop. Do not file this schedule.  
 Yes. Skip lines 1-9 and go to line 10 on page 2. (Calendar year taxpayers having no household employees in 2007 do not have to complete this form for 2007).

**Part I Social Security, Medicare, and Income Taxes**

1	Total cash wages subject to social security taxes (see instructions)	1	4,320.	
2	Social security taxes. Multiply line 1 by 12.4% (.124)	2		536.
3	Total cash wages subject to Medicare taxes (see instructions)	3	4,320.	
4	Medicare taxes. Multiply line 3 by 2.9% (.029)	4		125.
5	Federal income tax withheld, if any	5		
6	<b>Total social security, Medicare, and income taxes</b> (add lines 2, 4, and 5)	6		661.
7	Advance earned income credit (EIC) payments, if any	7		
8	<b>Net taxes</b> (subtract line 7 from line 6)	8		661.

**9** Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2006 or 2007 to all household employees? (Do not count cash wages paid in 2006 or 2007 to your spouse, your child under age 21, or your parent.)

- No. Stop. Enter the amount from line 8 above on Form 1040, line 62. If you are not required to file Form 1040, see the line 9 instructions.  
 Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2007

**Part II Federal Unemployment (FUTA) Tax**

	Yes	No
10 Did you pay unemployment contributions to only one state?	X	
11 Did you pay all state unemployment contributions for 2007 by April 15, 2008? Fiscal year filers, see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the 'Yes' box on all the lines above, complete Section A.  
If you checked the 'No' box on any of the lines above, skip Section A and complete Section B.

**Section A**

13 Name of the state where you paid unemployment contributions	NY	
14 State reporting number as shown on state unemployment tax return		
15 Contributions paid to your state unemployment fund (see instructions)	15	177.
16 Total cash wages subject to FUTA tax (see instructions)	16	4,320.
17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26	17	35.

**Section B**

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

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period		(e) State experience rate	(f) Multiply column (c) by .054	(g) Multiply column (c) by column (e)	(h) Subtract column (g) from column (f). If zero or less, enter -0-	(i) Contributions paid to state unemployment fund
			From	To					
19 Totals									19
20 Add columns (h) and (i) of line 19									20
21 Total cash wages subject to FUTA tax (see the line 16 instructions)									21
22 Multiply line 21 by 6.2% (.062)									22
23 Multiply line 21 by 5.4% (.054)						23			
24 Enter the smaller of line 20 or line 23									24
25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26									25

**Part III Total Household Employment Taxes**

26 Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-	26	661.
27 Add line 17 (or line 25) and line 26 (see instructions)	27	696.
28 Are you required to file Form 1040?		

- Yes. Stop. Enter the amount from line 27 above on Form 1040, line 62. Do not complete Part IV below.  
 No. You may have to complete Part IV. See instructions.

**Part IV Address and Signature — Complete this part only if required. See the line 28 instructions.**

Address (number and street) or P.O. box if mail is not delivered to street address Apt. room, or suite number

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Employer's signature

Date



### Noncash Charitable Contributions

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

OMB No. 1545-0908

Attachment Sequence No. **155**

Name(s) shown on your income tax return

**Kirsten E. and Jonathan M. Gillibrand**

Identifying number

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities** — List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

**Part I Information on Donated Property** — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property <small>(For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)</small>
A	The Second Show, Inc. [Redacted]	Clothing
B		
C		
D		
E		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

	(c) Date of the contribution	(d) Date acquired by donor (mo., yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A	5/29/07	Various	Purchase	3,812.	953.	Thrift Shop Value
B						
C						
D						
E						

**Part II Partial Interests and Restricted Use Property** — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest. ▶ \_\_\_\_\_

If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ..... ▶ \_\_\_\_\_  
(2) For any prior tax years ..... ▶ \_\_\_\_\_

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept ▶ \_\_\_\_\_

e Name of any person, other than donee organization, having actual possession of the property ▶ \_\_\_\_\_

3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property? .....

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire? .....

c Is there a restriction limiting the donated property for a particular use? .....

	Yes	No
3a		
3b		
3c		

Kirsten E. and Jonathan M. Gillibrand

4/09/08

08:16AM

**Statement 1  
Form 1040  
Wage Schedule**

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
US House of Representatives	<u>132,107.</u>	<u>24,153.</u>	<u>6,045.</u>	<u>2,140.</u>	<u>8,647.</u>	<u>0.</u>
Grand Total	<u>132,107.</u>	<u>24,153.</u>	<u>6,045.</u>	<u>2,140.</u>	<u>8,647.</u>	<u>0.</u>

4/09/08

08:16AM

Form 1040 Schedule A Line 21 Unreimbursed Employee Expenses

Total reflects \$3,000 IRC 162(a) limit on DC living expenses for Member of Congress.

2007

New York State Department of Taxation and Finance  
**Resident Income Tax Return (long form)**  
New York State • New York City • Yonkers

IT-201

For the full year January 1, 2007, through December 31, 2007, or fiscal year beginning

and ending

For help completing your return, see the instructions.  
**Important: You must enter your social security number(s) in the boxes to the right.**  
Your first name and middle initial: **KIRSTEN**  
Your last name (for a joint return, enter spouse's name on line below): **E GILLIBRAND**  
Spouse's first name and middle initial: **JONATHAN**  
Spouse's last name: **M GILLIBRAND**  
Mailing address (see instructions) (number and street or rural route): [REDACTED]  
Apartment number: [REDACTED]  
City, village, or post office: [REDACTED]  
State: [REDACTED] ZIP code: [REDACTED]  
Permanent home address (see instructions) (number and street or rural route): [REDACTED]  
Apartment number: [REDACTED]  
City, village, or post office: [REDACTED] State: **NY** ZIP code: [REDACTED]

Your social security number: [REDACTED]  
Spouse's social security number: [REDACTED]  
New York State county of residence: [REDACTED]  
School district name: [REDACTED]  
School district code number: [REDACTED]

Decedent information: [REDACTED] Taxpayer's date of death: [REDACTED] Spouse's date of death: [REDACTED]

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

(D) If you do not need a NYS income tax forms packet mailed to you next year, mark and X in the box (see instructions)

(E) Did you or your spouse maintain living quarters in NYC during 2007 (see instructions)? Yes No

(F) NYC residents and NYC part-year residents only (see instructions):  
(1) Number of months you lived in New York City in 2007 [REDACTED]  
(2) Number of months your spouse lived in New York City in 2007 [REDACTED]

- (B) Did you itemize your deductions on your 2007 federal income tax return? Yes  No
- (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(G) Enter your 2-digit special condition code if applicable (see instructions) [REDACTED]  
If applicable, also enter your second 2-digit special condition code [REDACTED]

**Federal income and adjustments**

Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see instructions). Also see instructions for showing a loss.

Dollars

1	132,107.
2	11,597.
3	330.
4	1,331.
5	
6	13,755.
7	40,255.
8	
9	
10	
11	-240.
12	
13	
14	
15	
16	199,135.
17	972.
18	198,163.

- 1 Wages, salaries, tips, etc
- 2 Taxable interest income
- 3 Ordinary dividends
- 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25 on page 2)
- 5 Alimony received
- 6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)
- 7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)
- 8 Other gains or losses (attach a copy of federal Form 4797)
- 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box
- 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)
- 12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)
- 13 Unemployment compensation
- 14 Taxable amount of social security benefits (also enter on line 27 on page 2)
- 15 Other income (see instrs) Identify:
- 16 Add lines 1 through 15
- 17 Total federal adjustments to income (see instructions) Identify: **ONE HALF OF SELF-EMPLOYMENT**
- 18 Subtract line 17 from line 16. This is your federal adjusted gross income

(continued on page 2)

NYIA1312L 11/20/07

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

Enter your social security number

KIRSTEN E. AND JONATHAN M.

Dollars  
198,163.

19 Enter the amount from line 18 on page 1. This is your federal adjusted gross income ..... 19.

**New York additions** (see instructions)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments) ..... 20.  
 21 Public employee 414(h) retirement contributions from your wage and tax statements (see instructions) .. 21.  
 22 New York's 529 college savings program distributions (see instructions) ..... 22.  
 23 Other (see instructions) Identify: ..... 23.  
 24 Add lines 19 through 23 ..... 24. 198,163.

**New York subtractions** (see instructions)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4, pg 1) ..... 25. 1,331.  
 26 Pensions of NYS and local governments and the federal government (see instrs) ..... 26.  
 27 Taxable amount of social security benefits (from line 14 on page 1) ..... 27.  
 28 Interest income on U.S. government bonds ..... 28.  
 29 Pension and annuity income exclusion (see instructions) ..... 29.  
 30 New York's 529 college savings program deduction / earnings ..... 30.  
 31 Other (see instrs) Identify: ..... 31.  
 32 Add lines 25 through 31 ..... 32. 1,331.  
 33 Subtract line 32 from line 24. This is your New York adjusted gross income ..... 33. 196,832.

**Standard deduction or itemized deduction** (see instructions)

34 Enter your standard deduction (from the table below) or your itemized deduction (from the worksheet below). Mark an X in the appropriate box:  Standard or  X Itemized 34. 43,907.  
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) ..... 35. 152,925.  
 36 Dependent exemptions (not the same as the total federal exemptions; see instructions) ..... 36. 1,000.  
 37 Subtract line 36 from line 35. This is your taxable income ..... 37. 151,925.

**New York State standard deduction table**

Filing status	Standard deduction - enter on line 34 above.
1 Single and you marked item C on page 1 Yes	\$ 3,000
1 Single and you marked item C on page 1 No	7,500
2 Married filing joint return	15,000
3 Married filing separate return	7,500
4 Head of household (with qualifying person)	10,500
5 Qualifying widow(er) with dependent child	15,000

**New York State itemized deduction worksheet**

a Medical and dental expenses (from federal Schedule A, line 4)	a.	
b Taxes you paid (from federal Schedule A, line 9)	b.	25,276.
c Interest you paid (from federal Schedule A, line 15)	c.	23,961.
d Gifts to charity (from federal Schedule A, line 19)	d.	2,189.
e Casualty and theft losses (from federal Schedule A, line 20)	e.	
f Job expenses and most other miscellaneous deductions (from federal Schedule A, line 27)	f.	1,827.
g Other miscellaneous deductions (from federal Schedule A, line 28)	g.	
h Enter amount from federal Schedule A, line 29	h.	52,418.
i State, local, and foreign income taxes and other subtraction adjustments (see instrs) SEE STATEMENT 1	i.	8,511.
j Subtract line i from line h	j.	43,907.
k Addition adjustments (see instrs)	k.	
l Add lines j and k	l.	43,907.
m Itemized deduction adjustment (see instructions)	m.	
n Subtract line m from line l	n.	43,907.
o College tuition itemized deduction (see Form IT-272)	o.	
p Add lines n and o. This is your New York State itemized deduction; enter on line 34 above	p.	43,907.

(continued on page 3)

NYIA1312L 11/20/07

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

2012071032



KIRSTEN E. AND JONATHAN M. GILLIBRAND



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

38	Enter the amount from line 37 on page 2. This is your taxable income	38.	151,925.
39	NY State tax on line 38 amount (see Tax Computation in the instructions)	39.	10,407.
40	New York State household credit (from table 1, 2, or 3 in the instructions)	40.	
41	Resident credit (attach Form IT-112-R or IT-112-C, or both; see instructions)	41.	
42	Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.	
43	Add lines 40, 41 and 42	43.	
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44.	10,407.
45	Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.	
46	Add lines 44 and 45. This is the total of your New York State taxes	46.	10,407.

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

47	New York City resident tax on line 38 amount (see instructions)	47.		†New York City (NYC) and Yonkers residents only: See instructions for figuring NYC and Yonkers taxes, credits, and tax surcharges.
48	New York City household credit (from table 4, 5, or 6 in instructions)	48.		
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.		
50	Part-year New York City resident tax (attach Form IT-360.1)	50.		
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.		
52	Add lines 49, 50, and 51	52.		
53	New York City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.		
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.		
55	Yonkers resident income tax surcharge (see instructions)	55.		
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.		
57	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.		
58	Add lines 54 through 57. This is the total of your New York City and Yonkers taxes/surcharges	58.		

59 **Sales or use tax** See instructions. Do not leave line 59 blank 59. 140.

**Voluntary contributions** (whole dollar amounts only; see instructions)

60a	Return a Gift to Wildlife	60a.	
60b	Missing/Exploited Children Fund	60b.	
60c	Breast Cancer Research Fund	60c.	
60d	Alzheimer's Fund	60d.	
60e	Olympic Fund (\$2 or \$4; see instructions)	60e.	
60f	Prostate Cancer Research Fund	60f.	
60g	WTC Memorial Fund	60g.	
60	Add lines 60a through 60g. This is your total voluntary contributions	60.	
61	Add lines 46, 58, 59, and 60. This is your total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions	61.	10,547.

(continued on page 4)



Enter your social security number

KIRSTEN E. AND JONATHAN M. GILLIBRAND

62 Enter the amount from line 61 on page 3. This is your total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions 62. 10,547.

Payments and refundable credits (see instructions)

63 Empire State child credit (attach Form IT-213) 63.
64 NYS/ NYC State child and dependent care credit (attach Form IT-216) 64. 120.
65 NY State earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NY State noncustodial parent EIC (attach Form IT-209) 66.
67 Real property tax credit (attach Form IT-214) 67.
68 College tuition credit (attach Form IT-272) 68.
69 NY City school tax credit (also complete (F) on pg 1; see instrs) 69.
70 NY City earned income credit (attach Form IT-215 or IT-209) 70.
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form) 71.
72 Total New York State tax withheld 72. 8,647.
73 Total New York City tax withheld 73.
74 Total Yonkers tax withheld 74.
75 Total estimated tax payments / Amount paid with Form IT-370 75. 1,500.
76 Add lines 63 through 75. This is the total of your payments 76. 10,267.

Forms IT-2 and/or IT-1099-R must be completed and attached to your return instead of federal Forms W-2 and/or 1099-R.

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

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

Your refund / amount overpaid (see instructions)

77 If line 76 is more than line 62, subtract line 62 from line 76 77.
78 Amount of line 77 that you want refunded to you (for Direct Deposit, see Account information on line 82) Refund 78.
79 Estimated tax only. Amount of line 77 that you want applied to your 2008 estimated tax. (Do not include any amount that you claimed as a refund on line 78.) 79.

Amount you owe (see instructions)

80 If line 76 is less than line 62, subtract line 76 from line 62. (For Payment options see instructions; for electronic funds withdrawal, see Account information on line 82 below) Owe 80. 280.
81 Estimated tax penalty (Include this amount on line 80, or reduce the overpayment on line 77. See instructions.) 81.

NYIA1334L 11/20/07

Account information (see instructions)

82 Mark one box Refund - Direct Deposit or Owe
82a Routing number:
82b Account number:
82c Account Type: Checking Savings

Electronic funds withdrawal effective date:

You can choose to have your refund directly deposited into your bank account. Or, you can have the amount of any New York State tax you owe automatically withdrawn from your bank account. See the instructions and fill in lines 82, 82a, 82b, and 82c.

Sign your return below. We Cannot Process Unsigned Returns.

Do you want to allow another person to discuss this return with the Tax Dept? (see instructions) Yes X (complete the following) No
Third-party designee Designee's name Designee's phone number Personal identification number (PIN)

Preparer's signature Your signature
Paid preparer's use only Sign your return here


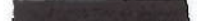
Preparer's SSN or PTIN Employer identification number Your occupation: US CONGRESSWOMAN
Firm's name (or yours, if self-employed) RUTNIK & CORR, P.C. Spouse's signature (if joint return)
Address Mark X if self-employed Spouse's occupation (if joint return): REAL ESTATE INVESTMENT
Date Date Daytime phone number

Mail your completed return and any attachments to: STATE PROCESSING CENTER PO BOX 61000 ALBANY NY 12261-0001 You must file all four pages of this original scannable return with the Tax Department.



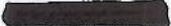
Summary of Form W-2 Statements  
New York State • New York City • Yonkers

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

Taxpayer's first name and middle initial <b>KIRSTEN</b>	Taxpayer's last name <b>E GILLIBRAND</b>	Your social security number 
Spouse's first name and middle initial <b>JONATHAN</b>	Spouse's last name <b>M GILLIBRAND</b>	Spouse's social security number 

**W-2  
Record 1**

Box c Employer's name and full address (including ZIP code)  
**US HOUSE OF REPRESENTATIVES  
139A CANNON HOUSE OFFICE BLVD  
WASHINGTON DC 20515**

Box b Employer identification number (EIN)  


This W-2 record is for  
(mark an X in one box)  
Taxpayer  Spouse

Box 1 Wages, tips, other compensation  
**132,107.**

Box 8 Allocated tips

Box 9 Advance EIC payment

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box 12a Amount

Box 12b Amount

Box 12c Amount

Box 12d Amount

Box 13 Statutory employee

Box 14a Amount

Box 14b Amount

Box 14c Amount

Code

Code

Code

Code

Description

Description

Description

Box 15 State

**NY**

Locality a

Locality b

Locality a

Locality b

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

**132,107.**

Box 17 New York State income tax withheld

**8,647.**

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

Locality a

Locality b

Corrected (W-2c)

Do not detach.

**W-2  
Record 2**

Box c Employer's name and full address (including ZIP code)

Box b Employer identification number (EIN)

This W-2 record is for  
(mark an X in one box)  
Taxpayer Spouse

Box 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 9 Advance EIC payment

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box 12a Amount

Box 12b Amount

Box 12c Amount

Box 12d Amount

Box 13 Statutory employee

Box 14a Amount

Box 14b Amount

Box 14c Amount

Code

Code

Code

Code

Description

Description

Description

Box 15 State

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

Box 17 New York State income tax withheld

Box 18 Local wages, tips, etc.

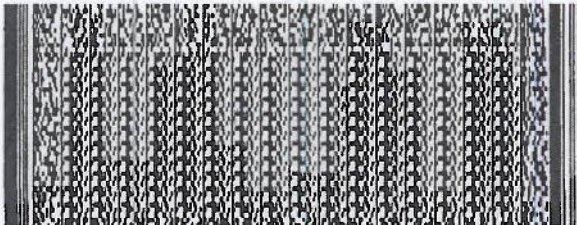
Box 19 Local income tax withheld

Box 20 Locality name

Locality a

Locality b

Corrected (W-2c)



Please file this original scannable form with the Tax Department. If you or your paid preparer use software to produce this form, it might have a two-dimensional (2-D) barcode on the bottom of this page. It will appear as a rectangular-shaped object with very small boxes and white spaces. This barcode will be used to efficiently process your entries on this form.

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2007

New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

IT-216

New York State or New York City

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

Important: You must enter your social security number(s) in the boxes to the right.

Your first name and middle initial

KIRSTEN

Your last name (for a joint claim, enter spouse's name on line below)

GILLIBRAND

Spouse's first name and middle initial

JONATHAN

Spouse's last name

GILLIBRAND

Your social security number

[Redacted]

Spouse's social security no.

[Redacted]

New York State county of residence

[Redacted]

Print or type

Mailing address (number and street or rural route)

Apartment number

[Redacted]

City, village, or post office

State

ZIP code

[Redacted]

[Redacted]

1 Have you already filed your 2007 New York State income tax return? Yes No X
If Yes, you must file an amended New York State return and attach a copy of this claim.

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

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

B - Address

C - Identifying number (SSN or EIN)

D - Amount paid (see instructions)

[Redacted]

[Redacted]

10,118.

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

A - First name and middle initial

B - Last name

C - Qualified expenses paid in 2007

D - Person with disability (see instr.)

E - Social security number

F - Year of birth

THEODORE I

GILLIBRAND

10,118.

[Redacted]

[Redacted]

2003

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. 10,118.

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

Note: On line 5, if you are claiming expenses paid for a dependent child born in 1994, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2007, through the day preceding the child's 13th birthday.

5 Enter the lesser of:

qualified expenses from line 3a, or \$3,000 if one qualifying person; \$6,000 if two or more qualifying persons 5. Dollars 3,000.

6 Enter your earned income (see instructions) 6. 132,107.

7 If your filing status is (2) Married filing joint return, enter your spouse's earned income; all others, enter the amount from line 6 (see instructions) 7. 12,783.

8 Enter the smallest of line 5, 6, or 7 8. 3,000.

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. 198,163.

10 Enter the decimal amount that applies to the amount on line 9 from Table for line 10 in the instructions .20

11 Multiply line 3 by the decimal amount on line 10 (enter here and on line 12 on page 2) 11. 600.

NYIA4212L 01/29/08

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

Dollars

12	Amount from line 11 .....	12.	600.
13	Enter below your New York adjusted gross income (Form IT-150 filers, line 21; Form IT-201 filers, line 33; Form IT-203 filers, line 32) <b>New York adjusted gross income</b> ....	196,832.	
	Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line .....	13.	0.200
14	Multiply line 12 by the decimal amount on line 13. This is your <b>New York State child and dependent care credit</b> ( <i>see instructions</i> ) .....	14.	120.

**Part-year New York State residents**

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

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

If you were a resident of New York City at any time during 2007 and your federal adjusted gross income (on Form IT-150, line 11; IT-201, line 19; or IT-203, line 19, *Federal amount column*) is \$30,000 or less and you listed a child under 4 years old as of December 31, 2007 on line 3, complete line 23 and see instructions.

23	Enter the portion of the total expenses from line 3a that was paid for children under 4 years old .....	23.	
<b>IT-150 and IT-201 filers:</b>			
24	Refundable New York City child and dependent care credit ( <i>from Worksheet 1, line 7 or line 13</i> ) .....	24.	
25	Add lines 14 and 24 .....	25.	
	IT-150 filers: Enter the line 25 amount on Form IT-150, line 39 IT-201 filers: Enter the line 25 amount on Form IT-201, line 64		
26	Part-year New York City resident nonrefundable New York City child and dependent care credit ( <i>from Worksheet 1, line 8</i> ) .....	26.	
	IT-201 filers: Enter the line 26 amount on Form IT-201-ATT, line 9a		
<b>IT-203 filers:</b>			
27	Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit ( <i>from Worksheet 1, line 8</i> ); also enter this amount on Form IT-203, line 52b .....	27.	
28	Refundable portion of your part-year New York City resident New York City child and dependent care credit ( <i>from Worksheet 1, line 13</i> ); also enter this amount on Form IT-203-ATT, line 9a .....	28.	
<b>Part-year New York City resident filers only:</b>			
29	Enter the amount from Worksheet 1, line 10 .....	29.	
30	Enter the amount from Worksheet 1, line 11 .....	30.	

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4/09/08

08:16AM

**STATEMENT 1  
FORM IT-201, ITEMIZED DEDUCTION WORKSHEET, LINE 1  
STATE, LOCAL, FOREIGN TAX, OTHER SUBTRACTIONS**

STATE, LOCAL, AND FOREIGN TAXES.....	\$	8,647.
ADJUSTMENT FROM SUBTRACTION ADJUSTMENT LIMITATION WORKSHEET.....		-136.
<b>TOTAL</b>	<b>\$</b>	<b><u>8,511.</u></b>

MAIL FORM IT-201-V PAYMENTS TO:

NYS PERSONAL INCOME TAX  
PROCESSING CENTER  
PO BOX 4124  
BINGHAMTON, NY 13902-4124

2007

Payment Voucher for E-Filed Income Tax Returns

NY1A4301L 05/18/07

IT-201-V  
New York State



Your first name & middle initial		Your last name (for a joint return, enter spouse's name on line below)		Your social security number	
KIRSTEN E. GILLIBRAND					
Spouse's first name & middle initial		Spouse's last name		Spouse's social security number	
JONATHAN M. GILLIBRAND					
Mailing address (number and street or rural route, see instructions)			Apartment number		
[REDACTED]					
City, village or post office			State ZIP code		
[REDACTED]			[REDACTED]		

Balance due 

Dollars	Cents
280.	00

[REDACTED]