Form 1040 Department of the Treasury ' Internal Revenue Service
U.S. Individual Income Tax Return 2008

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

For the year Jan 1 - Dec 31, 2008, or other tax year beginning , 2008, ending , 20

OMB No. 1545-0074

Label (See instructions.)

Use the IRS label. Otherwise, please print or type.

Your first name MI Last name: Kirsten E. Gillibrand

Your social security number: [redacted]

If a joint return, spouse's first name MI Last name: Jonathan M. Gillibrand

Spouse's social security number: [redacted]

Home address (number and street). If you have a P.O. box, see instructions. Apartment no.: [redacted]

City, town or post office. If you have a foreign address, see instructions. State ZIP code: [redacted]

You must enter your social security number(s) above.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund? (see instructions) G [X] You [X] Spouse

Checking a box below will not change your tax or refund.

Filing Status

Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above & full name here G
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 G
5 [ ] Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a
b [X] Spouse

Boxes checked on 6a and 6b: 2

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) if qualifying child for child tax credit (see instrs)
Theodore I Gillibrand	[redacted]	Child	X
Henry N Gillibrand	[redacted]	Child	X

If more than four dependents, see instructions.

No. of children on 6c who: lived with you: 2; did not live with you due to divorce or separation (see instrs); Dependents on 6c not entered above

d Total number of exemptions claimed — Add numbers on lines above G 4

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Rollover

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	145,680.
8a	Taxable interest. Attach Schedule B if required	8a	5,987.
b	Tax-exempt interest. Do not include on line 8a (8b)		
9a	Ordinary dividends. Attach Schedule B if required	9a	
b	Qualified dividends (see instrs) (9b)		
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	52,020.
13	Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here G [ ]	13	197,920.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions (15a) — b Taxable amount (see instrs)	15b	
16a	Pensions and annuities (16a) 133,106. — b Taxable amount (see instrs)	16b	0.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-140.
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 G	22	401,467.

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	3,675.		
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 G	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	3,675.
37	Subtract line 36 from line 22. This is your adjusted gross income G			37	397,792.

Tax and Credits

38	Amount from line 37 (adjusted gross income)			38	397,792.
39a	Check if: You were born before January 2, 1944, Blind. Spouse was born before January 2, 1944, Blind. Total boxes checked G 39a				
b	If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here G 39b				
c	Check if standard deduction includes real estate taxes or disaster loss (see instructions) G 39c				
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)			40	54,278.
41	Subtract line 40 from line 38			41	343,514.
42	If line 38 is over $119,975, or you provided housing to a Midwestern displaced individual, see instructions. Otherwise, multiply $3,500 by the total number of exemptions claimed on line 6d			42	9,332.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-			43	334,182.
44	Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972			44	89,009.
45	Alternative minimum tax (see instructions). Attach Form 6251			45	6,801.
46	Add lines 44 and 45 G			46	95,810.
47	Foreign tax credit. Attach Form 1116 if required	47			
48	Credit for child and dependent care expenses. Attach Form 2441	48	240.		
49	Credit for the elderly or the disabled. Attach Schedule R	49			
50	Education credits. Attach Form 8863	50			
51	Retirement savings contributions credit. Attach Form 8880	51			
52	Child tax credit (see instructions). Attach Form 8901 if required	52			
53	Credits from Form: a 8396 b 8839 c 5695	53			
54	Other crs from Form: a 3800 b 8801 c	54			
55	Add lines 47 through 54. These are your total credits			55	240.
56	Subtract line 55 from line 46. If line 55 is more than line 46, enter -0- G			56	95,570.

Standard Deduction for –
? People who checked any box on line 39a, 39b, or 39c or who can be claimed as a dependent, see instructions.
? All others:
Single or Married filing separately, $5,450
Married filing jointly or Qualifying widow(er), $10,900
Head of household, $8,000

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	7,350.
58	Unreported social security and Medicare tax from Form: a 4137 b 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60	Additional taxes: a AEIC payments b [X] Household employment taxes. Attach Schedule H	60	1,070.
61	Add lines 56-60. This is your total tax G	61	103,990.

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	25,920.		
63	2008 estimated tax payments and amount applied from 2007 return	63	90,000.		
64a	Earned income credit (EIC)	64a			
b	Nontaxable combat pay election G 64b				
65	Excess social security and tier 1 RRTA tax withheld (see instructions)	65			
66	Additional child tax credit. Attach Form 8812	66			
67	Amount paid with request for extension to file (see instructions)	67			
68	Credits from Form: a 2439 b 4136 c 8801 d 8885	68			
69	First-time homebuyer credit. Attach Form 5405	69			
70	Recovery rebate credit (see worksheet)	70			
71	Add lines 62 through 70. These are your total payments G			71	115,920.

Refund

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

72	If line 71 is more than line 61, subtract line 61 from line 71. This is the amount you overpaid			72	11,930.
73a	Amount of line 72 you want refunded to you. If Form 8888 is attached, check here G			73a	11,752.
G b	Routing number XXXXXXXXX G c Type: Checking Savings				
G d	Account number XXXXXXXXXXXXXXXXXXXXXXX				
74	Amount of line 72 you want applied to your 2009 estimated tax G	74			

Amount You Owe

75	Amount you owe. Subtract line 71 from line 61. For details on how to pay, see instructions G			75	
76	Estimated tax penalty (see instructions)	76	178.		

Third Party Designee

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

Designee's name G Preparer Phone no. G Personal identification number (PIN) G

Sign Here

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

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 A | Date | Your occupation: US Congresswoman | Daytime phone number [redacted]

Spouse's signature. If a joint return, both must sign. A | Date | Spouse's occupation: Real Estate Invest

Paid Preparer's Use Only

Preparer's signature A | Date | Check if self-employed | Preparer's SSN or PTIN [redacted]

Firm's name (or yours if self-employed), address, and ZIP code: Rutnik & Corr, P.C. A [redacted]

EIN [redacted]

Phone no. [redacted]

Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

G See separate instructions.
G Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0140

2008

Attachment Sequence No. 06

Name(s) shown on tax return: Kirsten E. and Jonathan M. Gillibrand

Identifying number: [redacted]

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than $1,000? — Yes G Do not file Form 2210. You do not owe a penalty.

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? — Yes G You do not owe a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).

No

You may owe a penalty. Does any box in Part II below apply? — Yes G You must file Form 2210. Does box B, C, or D apply?

No — Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file Form 2210.

(Box B, C, or D) Yes G You must figure your penalty.

(Box B, C, or D) No — You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.

Part I — Required Annual Payment (see instructions)

1	Enter your 2008 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	95,570.
2	Other taxes, including self-employment tax (see instructions)	2	8,420.
3	Refundable credits. Enter the total of your earned income credit, additional child tax credit, credit for federal tax paid on fuels, health coverage tax credit, refundable credit for prior year minimum tax, first-time homebuyer credit, and recovery rebate credit	3	0.
4	Current year tax. Combine lines 1, 2, and 3. If less than $1,000, you do not owe a penalty; do not file Form 2210	4	103,990.
5	Multiply line 4 by 90% (.90) — 5: 93,591.		
6	Withholding taxes. Do not include estimated tax payments. (see instructions)	6	25,920.
7	Subtract line 6 from line 4. If less than $1,000, you do not owe a penalty; do not file Form 2210	7	78,070.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	33,551.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	33,551.

Next: Is line 9 more than line 6?

☐ No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.

☒ Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.
? If box B, C, or D applies, you must figure your penalty and file Form 2210.
? If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II — Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210.

A ☐ You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.

B ☐ You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule AI and file Form 2210.

D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E ☐ You filed or are filing a joint return for either 2007 or 2008, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

Part IV Regular Method (See the instructions if you are filing Form 1040NR or 1040NR-EZ.)

Section A ' Figure Your Underpayment

		Payment Due Dates (a) 4/15/08	(b) 6/15/08	(c) 9/15/08	(d) 1/15/09
18 Required installments. If box C in Part II applies, enter the amounts from Schedule AI, line 25. Otherwise, enter 25% (.25) of line 9, Form 2210, in each column	18	8,387.	8,388.	8,388.	8,388.
19 Estimated tax paid and tax withheld (see instructions). For column (a) only, also enter the amount from line 19 on line 23. If line 19 is equal to or more than line 18 for all payment periods, stop here; you do not owe a penalty. Do not file Form 2210 unless you checked a box in Part II	19	6,480.	6,480.	6,480.	96,480.
Complete lines 20 through 26 of one column before going to line 20 of the next column.					
20 Enter the amount, if any, from line 26 in the previous column	20				
21 Add lines 19 and 20	21		6,480.	6,480.	96,480.
22 Add the amounts on lines 24 & 25 in previous column	22		1,907.	3,815.	5,723.
23 Subtract line 22 from line 21. If zero or less, enter -0-. For column (a) only, enter the amount from line 19	23	6,480.	4,573.	2,665.	90,757.
24 If line 23 is zero, subtract line 21 from line 22. Otherwise, enter -0-	24		0.	0.	
25 Underpayment. If line 18 is equal to or more than line 23, subtract line 23 from line 18. Then go to line 20 of the next column. Otherwise, go to line 26 G	25	1,907.	3,815.	5,723.	
26 Overpayment. If line 23 is more than line 18, subtract line 18 from line 23. Then go to line 20 of the next column	26				

Section B ' Figure the Penalty (Complete lines 27 through 34 of one column before going to the next column.)

RATE PERIOD 1 — April 16, 2008 ' June 30, 2008		4/15/08	6/15/08		
27 Number of days from the date shown above line 27 to the date the amount on line 25 was paid or 6/30/08, whichever is earlier	27	Days: 61	Days: 15		
28 Underpayment on line 25 (see instructions) x Number of days on line 27 / 366 x .06 G	28	$ 19.07	$ 9.38		
RATE PERIOD 2 — July 1, 2008 ' September 30, 2008		6/30/08	6/30/08	9/15/08	
29 Number of days from the date shown above line 29 to the date the amount on line 25 was paid or 9/30/08, whichever is earlier	29	Days:	Days: 77	Days: 15	
30 Underpayment on line 25 (see instructions) x Number of days on line 29 / 366 x .05 G	30	$	$ 40.13	$ 11.73	
RATE PERIOD 3 — October 1, 2008 ' December 31, 2008		9/30/08	9/30/08	9/30/08	
31 Number of days from the date shown above line 31 to the date the amount on line 25 was paid or 12/31/08, whichever is earlier	31	Days:	Days:	Days: 92	
32 Underpayment on line 25 (see instructions) x Number of days on line 31 / 366 x .06 G	32	$	$	$ 86.31	
RATE PERIOD 4 — January 1, 2009 ' April 15, 2009		12/31/08	12/31/08	12/31/08	1/15/09
33 Number of days from the date shown above line 33 to the date the amount on line 25 was paid or 4/15/09, whichever is earlier	33	Days:	Days:	Days: 15	Days:
34 Underpayment on line 25 (see instructions) x Number of days on line 33 / 365 x .05 G	34	$	$	$ 11.76	$

35 Penalty. Add all amounts on lines 28, 30, 32, and 34 in all columns. Enter the total here and on Form 1040, line 76; Form 1040A, line 48; Form 1040NR, line 74; Form 1040NR-EZ, line 26. Do not file Form 2210 unless you checked a box in Part II G 35 $ 178.

2008 Underpayment Penalty Worksheet

Kirsten E. and Jonathan M. Gillibrand

[redacted]

Required Installment	Payment			Penalty				
	Date	Type *	Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
First Qtr								
8,387.	4/15/08	2	6,480.	1,907.	61	0.060	19.07	
	6/15/08	2	1,907.					
Total								19.07
Second Qtr								
8,388.	6/15/08	2	4,573.	3,815.	15	0.060	9.38	
Total								9.38
Rate Change	6/30/08			3,815.	77	0.050	40.13	
	9/15/08	2	3,815.					
Total								40.13
Third Qtr								
8,388.	9/15/08	2	2,665.	5,723.	15	0.050	11.73	
Total								11.73
Rate Change	9/30/08			5,723.	92	0.060	86.31	
Total								86.31
Rate Change	12/31/08			5,723.	15	0.050	11.76	
	1/15/09	2	5,723.					
Total								11.76
Fourth Qtr								
8,388.	1/15/09	2	757.	7,631.				
	1/15/09	3	7,631.					
TOTAL UNDERPAYMENT PENALTY								178.

* 1 = Overpayment
2 = Withholding
3 = Estimate
4 = Extension
5 = Paid with return

** Underpayment $\times \frac{\text{Days Late}}{\text{366 or 365}} \times$ Rate

FDIL1601L 05/01/08

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

OMB No. 1545-0074

2008

Attachment Sequence No. 07

Name(s) shown on Form 1040: Kirsten E. and Jonathan M. Gillibrand

Your social security number: [redacted]

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1			
	2	Enter amount from Form 1040, line 38 [2]				
	3	Multiply line 2 by 7.5% (.075)	3			
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0.
Taxes You Paid	5	State and local (check only one box): a [X] Income taxes, or b [ ] General sales taxes	5	11,146.		
	6	Real estate taxes (see instructions)	6	17,420.		
(See instructions.)	7	Personal property taxes	7			
	8	Other taxes. List type and amount G	8			
	9	Add lines 5 through 8			9	28,566.
Interest You Paid	10	Home mtg interest and points reported to you on Form 1098	10	23,495.		
	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 G	11			
Note. Personal interest is not deductible.	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	23,495.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of $250 or more, see instrs.	16	4,595.		
If you made a gift and got a benefit for it, see instructions.	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			
	18	Carryover from prior year	18			
	19	Add lines 16 through 18			19	4,595.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	0.
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses ' job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) G See attached statement. 3,000.	21	3,000.		
	22	Tax preparation fees	22	3,232.		
(See instructions.)	23	Other expenses ' investment, safe deposit box, etc. List type and amount G	23			
	24	Add lines 21 through 23	24	6,232.		
	25	Enter amount from Form 1040, line 38 [25] 397,792.				
	26	Multiply line 25 by 2% (.02)	26	7,956.		
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27	0.
Other Miscellaneous Deductions	28	Other ' from list in the instructions. List type and amount G			28	0.
Total Itemized Deductions	29	Is Form 1040, line 38, over $159,950 (over $79,975 if married filing separately)? [ ] 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. [X] Yes. Your deduction may be limited. See instructions for the amount to enter. Reduction -2,378. G			29	54,278.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here G [ ]				

Name(s) shown on Form 1040: Kirsten E. and Jonathan M. Gillibrand

Your social security number: [redacted]

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	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 G	1	
	E Trade		382.
	Citibank N.A.		4,062.
	United Kingdom		1,543.
2	Add the amounts on line 1	2	5,987.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a G	4	5,987.

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	List name of payer . . . G	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a G	6	0.

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

Part III Foreign Accounts and Trusts

(See instructions.)

	You must complete this part if you (a) had over $1,500 of taxable interest or ordinary dividends; 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 2008, 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 G United Kingdom		
8	During 2008, 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)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

G Partnerships, joint ventures, etc, generally must file Form 1065 or 1065-B.
GAttach to Form 1040, 1040NR, or 1041. GSee Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

2008

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: G 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.)G

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

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) G

G Did you 'materially participate' in the operation of this business during 2008? If 'No,' see instructions for limit on losses . . . [X] Yes [ ] No

H If you started or acquired this business during 2008, check here . . . G [ ]

Part I Income

1	Gross receipts or sales. Caution. See the instructions and check the box if: ? This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or ? You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses . . . G [ ]	1	52,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	52,500.
4	Cost of goods sold (from line 42 on page 2)	4	
5	Gross profit. Subtract line 4 from line 3	5	52,500.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6 . . . G	7	52,500.

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):		
11	Contract labor (see instructions)	11			a Vehicles, machinery, and equipment	20a	
12	Depletion	12			b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
	a Mortgage (paid to banks, etc)	16a			a Travel	24a	
	b Other	16b			b Deductible meals and entertainment (see instructions)	24b	
17	Legal & professional services	17	480.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27	Other expenses (from line 48 on page 2)	27	

28	Total expenses before expenses for business use of home. Add lines 8 through 27 . . . G	28	480.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	52,020.
30	Expenses for business use of your home. Attach Form 8829	30	
31	Net profit or (loss). Subtract line 30 from line 29. ? If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. ? If a loss, you must go to line 32.	31	52,020.

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

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

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

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

GAttach to Form 1040 or Form 1040NR. GSee Instructions for Schedule D (Form 1040).
G Use Schedule D-1 to list additional transactions for lines 1 and 8.

OMB No. 1545-0074

2008

Attachment Sequence No. 12

Name(s) shown on return: Kirsten E. and Jonathan M. Gillibrand

Your social security number: [redacted]

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

	(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	300sh Abercrombie & Fitch Co Options - Expired	Various	1/23/08	0.	8,714.	-8,714.
	475sh Abercrombie & Fitch Co Options - Expired	Various	1/23/08	0.	9,401.	-9,401.
	90sh Abercrombie & Fitch Co Options - Expired	Various	2/20/08	0.	5,407.	-5,407.
	95sh Abercrombie & Fitch Co Options - Expired	Various	5/20/08	0.	10,496.	-10,496.
	20sh Abercrombie & Fitch Co Options - Expired	Various	5/20/08	0.	3,225.	-3,225.
2	Enter your short-term totals, if any, from Schedule D-1, line 2		2	592,941.		235,266.
3	Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3	592,941.		

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	
7	Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)	7	198,023.

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	75sh Spdr Gold Tr	Various	9/02/08	5,936.	4,299.	1,637.
	20sh Intel Corp Option - Expired	Various	1/18/08	0.	701.	-701.
	15sh Research in Motion Option - Expired	Various	Various	0.	1,039.	-1,039.
9	Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10	Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	5,936.		

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	-103.

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	197,920.
	If line 16 is: ? A gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. ? A loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. ? Zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then to go line 22.		
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☒ No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions G	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions G	19	
20	Are lines 18 and 19 both zero or blank? ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. ☐ No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: ? The loss on line 16 or ? ($3,000), or if married filing separately, ($1,500)	21	
	Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? ☐ Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). ☒ No. Complete the rest of Form 1040 or Form 1040NR.		

SCHEDULE D-1
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

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

OMB No. 1545-0074
2008
Attachment Sequence No. 12A

Name(s) shown on return: Kirsten E. and Jonathan M. Gillibrand

Your social security number: [redacted]

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

(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 20sh Abercrombie & Fitch Co	7/24/08	Various	5,065.	1,625.	3,440.
225sh Autozone, Inc.	Various	1/09/08	7,089.	6,484.	605.
30sh Autozone, Inc Options - Expired	Various	8/19/08	0.	3,342.	-3,342.
50sh Autozone, Inc Options - Expired	Various	8/19/08	0.	7,687.	-7,687.
25sh Autozone, Inc	Various	Various	811.	4,759.	-3,948.
30sh Autozone, Inc	Various	Various	2,948.	5,502.	-2,554.
20sh Autozone, Inc	Various	9/09/08	4,765.	3,535.	1,230.
15sh Autozone, Inc	Various	Various	26,359.	5,431.	20,928.
260sh Best Buy Inc	Various	Various	3,665.	8,527.	-4,862.
20sh Best Buy Inc.	9/05/08	9/15/08	375.	425.	-50.
40sh Best Buy Inc.	9/08/08	Various	23,530.	1,440.	22,090.
50sh Bed Bath & Beyond	Various	Various	17,632.	3,967.	13,665.
25sh Beazer Homes USA	Various	2/08/08	1,221.	1,348.	-127.
200sh Beazer Homes USA	Various	Various	8,523.	18,123.	-9,600.
55sh Carnival Corp	Various	Various	28,429.	7,751.	20,678.
180sh Chipolte Mexican Grill	Various	Various	6,347.	16,905.	-10,558.
15sh Crocs Inc	Various	1/07/08	7,479.	901.	6,578.
20sh Dell Inc.	4/09/08	4/10/08	735.	555.	180.
280sh Dell Inc.	Various	Various	6,097.	7,309.	-1,212.
150sh Dell Inc.	Various	Various	453.	2,842.	-2,389.
310sh Ethan Allen Interiors Options - Expired	Various	5/20/08	0.	20,032.	-20,032.
50sh Home Depot Inc.	Various	Various	21,192.	2,293.	18,899.
470sh Home Depot Inc Options - Expired	Various	5/20/08	0.	15,002.	-15,002.
50sh Home Depot Inc.	Various	Various	13,342.	4,977.	8,365.
2 Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 2. G 2			186,057.		35,295.

SCHEDULE D-1
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

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

OMB No. 1545-0074
2008
Attachment Sequence No. 12A

Name(s) shown on return: Kirsten E. and Jonathan M. Gillibrand

Your social security number: [redacted]

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

(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 120sh Home Depot Inc.	Various	Various	59,750.	7,890.	51,860.
10sh Hovnanian Enterprises	1/09/08	1/11/08	682.	367.	315.
40sh Hovanian Enterprise	Various	Various	475.	1,250.	-775.
90sh KB Home Com	Various	Various	59,192.	4,403.	54,789.
40sh Lowes Cos Inc	Various	Various	14,550.	1,879.	12,671.
50sh Meritage Homes Corp Options - Expired	Various	9/23/08	0.	6,177.	-6,177.
100sh Meritage Homes Corp	Various	Various	35,275.	14,745.	20,530.
20sh Meritage Homes Corp	Various	Various	4,782.	2,635.	2,147.
60sh Intel Corp Option - Expired	Various	1/23/08	0.	1,120.	-1,120.
10sh Pulte Homes Inc	Various	1/03/08	12,182.	1,578.	10,604.
75sh Pier 1 Imports Inc Options - Expired	Various	4/22/08	0.	2,336.	-2,336.
50sh Pier 1 Imports Inc.	Various	Various	6,922.	2,217.	4,705.
97sh Lululemon Athletica Option - Expired	Various	6/24/08	0.	9,488.	-9,488.
25sh Lululemon Athletica Option	Various	Various	15,791.	6,694.	9,097.
40sh Lululemon Athletica Option - Expired	Various	9/23/08	0.	3,360.	-3,360.
80sh Netflix Inc	Various	1/15/08	1,120.	3,300.	-2,180.
70sh Netflix Inc Options - Expired	Various	3/25/08	0.	2,582.	-2,582.
30sh Netflix Inc Options - Expired	Various	4/22/08	0.	3,142.	-3,142.
10sh Deckers Outdoor Corp	Various	2/15/08	233.	4,217.	-3,984.
40sh Deckers Outdoor Corp	Various	Various	675.	7,935.	-7,260.
5sh Deckers Outdoor Corp	9/16/08	10/14/08	4,486.	1,614.	2,872.
35sh Deckers Outdoor Corp	Various	Various	44,734.	14,476.	30,258.
70sh Deckers Outdoor Corp Options - Expired	Various	12/23/08	0.	16,182.	-16,182.
10sh Deckers Outdoor Corp Options - Expired	Various	12/23/08	0.	2,217.	-2,217.
2 Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 2. G 2			260,849.		139,045.

SCHEDULE D-1
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Continuation Sheet for Schedule D (Form 1040)

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

OMB No. 1545-0074

2008

Attachment Sequence No. 12A

Name(s) shown on return: Kirsten E. and Jonathan M. Gillibrand

Your social security number: [redacted]

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

	(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	290sh Research in Motion Option - Expired	Various	Various	0.	7,785.	-7,785.
	55sh Research in Motion	Various	Various	58,538.	9,031.	49,507.
	40sh Research in Motion	Various	1/11/08	2,750.	5,859.	-3,109.
	25sh Research in Motion Option - Expired	Various	2/20/08	0.	2,054.	-2,054.
	80sh Research in Motion Option - Expired	Various	6/24/08	0.	11,580.	-11,580.
	35sh Ryland Group Inc	Various	Various	28,493.	4,479.	24,014.
	140sh Ryland Group Inc Option - Expired	Various	4/22/08	0.	14,825.	-14,825.
	10sh Ryland Group Inc Option - Expired	Various	4/22/08	0.	967.	-967.
	6sh Proshares Tr Pshps Option - Expired	Various	12/23/08	0.	17,094.	-17,094.
	10sh AT&T Inc.	1/14/08	1/24/08	1,322.	887.	435.
	15sh Amazon Com Inc. Options - Expired	Various	1/23/08	0.	846.	-846.
	20sh Bed Bath & Beyond Options - Expired	Various	4/22/08	0.	1,125.	-1,125.
	130sh Coach Inc.	Various	Various	54,932.	8,577.	46,355.
2	Totals. Add the amounts in column (d). Also, combine the amounts in column (f). Enter here and on Schedule D, line 2. G 2			146,035.		60,926.

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 [redacted]

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

Part II Income or Loss From Partnerships and S Corporations

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

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

If you answered 'Yes,' see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	Wind Crest LLC	P	☐	[redacted]	☐
B			☐		☐
C			☐		☐
D			☐		☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A			140.		
B					
C					
D					
29a Totals					
b Totals			140.		

30 Add columns (g) and (j) of line 29a	30	
31 Add columns (f), (h), and (i) of line 29b	31	-140.
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	-140.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35 Add columns (d) and (f) of line 34a	35	
36 Add columns (c) and (e) of line 34b	36	
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

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

38 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

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

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 G	41	-140.
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE (Form 1040) Department of the Treasury Internal Revenue Service	Self-Employment Tax G Attach to Form 1040. G See Instructions for Schedule SE (Form 1040).	OMB No. 1545-0074 2008 Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040)	Social security number of person with self-employment income G	
Jonathan M. Gillibrand		[redacted]

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

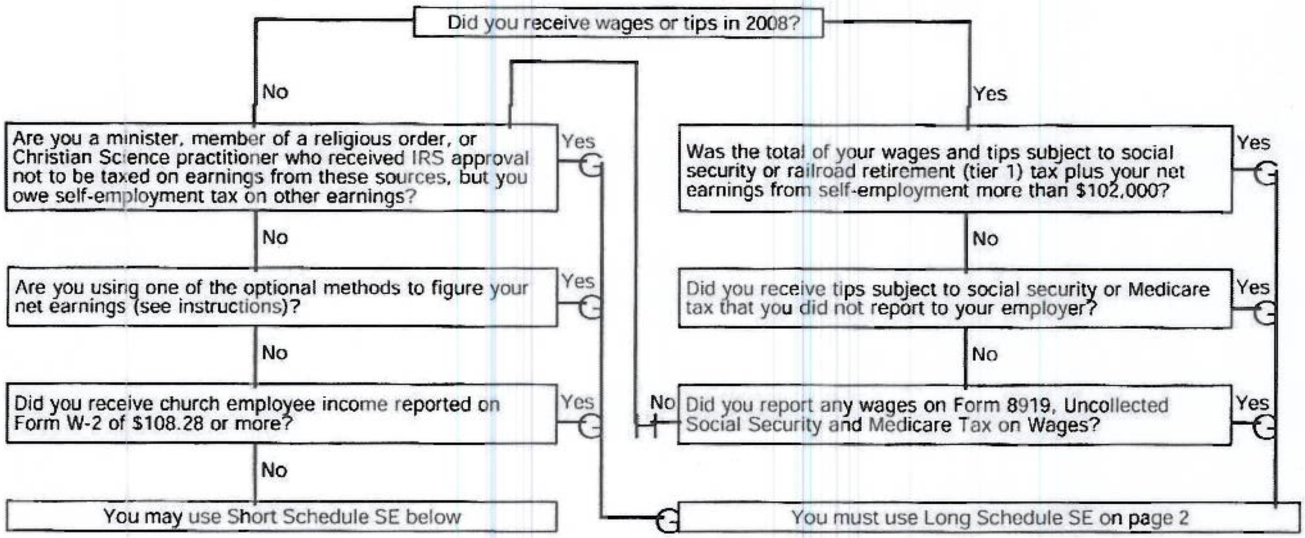
? You had church employee income of $108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

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 57.

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

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



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

1a	Net farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 6b, or listed on Schedule K-1 (Form 1065), box 20, code X	1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instrs for types of income to report on this line. See instrs for other income to report	2	52,020.
3	Combine lns 1a, 1b & 2	3	52,020.
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 G	4	48,040.
5	Self-employment tax. If the amount on line 4 is: ? $102,000 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 57. ? More than $102,000, multiply line 4 by 2.9% (.029). Then, add $12,648 to the result. Enter the total here and on Form 1040, line 57.	5	7,350.
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 — 3,675.		

Form **2441** | Department of the Treasury Internal Revenue Service (99)

Child and Dependent Care Expenses

G Attach to Form 1040 or Form 1040NR.

G See separate instructions.

OMB No. 1545-0074 | **2008** | Attachment Sequence No. 21

Name(s) shown on return: Kirsten E. and Jonathan M. Gillibrand | Your social security number: [redacted]

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]	13,405.

Did you receive dependent care benefits? VVVVVV No VVVG Complete only Part II below.
VVVVVV Yes VVVG 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 60, or Form 1040NR, line 56.

Part II Credit for Child and Dependent Care Expenses

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

(a) Qualifying person's name — First	Last	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2008 for the person listed in column (a)
Theodore I	Gillibrand	[redacted]	11,570.
Henry N	Gillibrand	[redacted]	1,835.

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	1,200.
4	Enter your earned income. See instructions	4	145,680.
5	If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4	5	48,345.
6	Enter the smallest of line 3, 4, or 5	6	1,200.
7	Enter the amount from Form 1040, line 38, or Form 1040NR, line 36 — 7: 397,792.		
8	Enter on line 8 the decimal amount shown below that applies to the amount on line 7	8	X .20

If line 7 is: Over	But not over	Decimal amount is	If line 7 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 2007 expenses in 2008, see the instructions	9	240.
10	Enter the amount from Form 1040, line 46, or Form 1040NR, line 43 — 10: 95,810.		
11	Enter the amount from Form 1040, line 47, or Form 1040NR, line 44 — 11:		
12	Subtract line 11 from line 10. If zero or less, stop. You cannot take the credit	12	95,810.
13	Credit for child and dependent care expenses. Enter the smaller of line 9 or line 12 here and on Form 1040, line 48 or Form 1040NR, line 45	13	240.

Part III Dependent Care Benefits

14	Enter the total amount of dependent care benefits you received in 2008. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Do not include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership			14	4,800.
15	Enter the amount, if any, you carried over from 2007 and used in 2008 during the grace period. See instructions			15	
16	Enter the amount, if any, you forfeited or carried forward to 2009. See instructions			16	
17	Combine lines 14 through 16. See instructions			17	4,800.
18	Enter the total amount of qualified expenses incurred in 2008 for the care of the qualifying person(s)	18	13,405.		
19	Enter the smaller of line 17 or 18	19	4,800.		
20	Enter your earned income. See instructions	20	145,680.		
21	Enter the amount shown below that applies to you. ? If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). ? If married filing separately, see the instructions for the amount to enter. ? All others, enter the amount from line 20.	21	48,345.		
22	Enter the smallest of line 19, 20, or 21	22	4,800.		
23	Enter the amount from line 14 that you received from your sole proprietorship or partnership. If you did not receive any such amounts, enter -0-			23	0.
24	Subtract line 23 from line 17	24	4,800.		
25	Enter $5,000 ($2,500 if married filing separately and you were required to enter your spouse's earned income on line 21)			25	5,000.
26	Deductible benefits. Enter the smallest of line 22, 23, or 25. Also, include this amount on the appropriate line(s) of your return. See instructions			26	0.
27	Enter the smaller of line 22 or 25	27	4,800.		
28	Enter the amount from line 26	28			
29	Excluded benefits. Subtract line 28 from line 27. If zero or less, enter -0-			29	4,800.
30	Taxable benefits. Subtract line 29 from line 24. If zero or less, enter -0-. Also, include this amount on Form 1040, line 7, or Form 1040NR, line 8. On the dotted line next to Form 1040, line 7, or Form 1040NR, line 8, enter 'DCB'			30	0.

To claim the child and dependent care credit, complete lines 31 through 35 below.

31	Enter $3,000 ($6,000 if two or more qualifying persons)	31	6,000.
32	Add lines 26 and 29	32	4,800.
33	Subtract line 32 from line 31. If zero or less, stop. You cannot take the credit. Exception. If you paid 2007 expenses in 2008, see the instructions for line 9	33	1,200.
34	Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 32 above. Then, add the amounts in column (c) and enter the total here	34	8,605.
35	Enter the smaller of line 33 or 34. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 13	35	1,200.

Form **6251** | Department of the Treasury Internal Revenue Service (99)

Alternative Minimum Tax ' Individuals

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

OMB No. 1545-0074
2008
Attachment Sequence No. 32

Name(s) shown on Form 1040 or Form 1040NR: Kirsten E. and Jonathan M. Gillibrand
Your social security number: [redacted]

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 2), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 2), and go to line 7. (If less than zero, enter as a negative amount.)	1	343,514.
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	28,566.
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	
6	If Form 1040, line 38, is over $159,950 (over $79,975 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet in the Instructions for Schedule A (Form 1040)	6	-2,378.
7	If claiming the standard deduction, enter any amount from Form 4684, line 18a, as a negative amount	7	
8	Tax refund from Form 1040, line 10 or line 21	8	
9	Investment interest expense (difference between regular tax and AMT)	9	
10	Depletion (difference between regular tax and AMT)	10	
11	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock (7% of gain excluded under section 1202)	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative tax net operating loss deduction	28	
29	Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than $214,900, see instructions.)	29	369,702.

Part II Alternative Minimum Tax

30 Exemption. (If you were under age 24 at the end of 2008, see instructions.)

IF your filing status is . . .	AND line 29 is not over . . .	THEN enter on line 30 . . .
Single or head of household	$112,500	$46,200
Married filing jointly or qualifying widow(er)	150,000	69,950
Married filing separately	75,000	34,975

If line 29 is over the amount shown above for your filing status, see instructions.

30	Exemption	30	15,024.
31	Subtract line 30 from line 29. If more than zero, go to line 32. If zero or less, enter -0- here and on lines 34 and 36 and skip the rest of Part II	31	354,678.
32	? If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. ? If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here. ? All others: If line 31 is $175,000 or less ($87,500 or less if married filing separately), multiply line 31 by 26% (.26). Otherwise, multiply line 31 by 28% (.28) and subtract $3,500 ($1,750 if married filing separately) from the result.	32	95,810.
33	Alternative minimum tax foreign tax credit (see instructions)	33	
34	Tentative minimum tax. Subtract line 33 from line 32	34	95,810.
35	Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions)	35	89,009.
36	AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45	36	6,801.

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

OMB No. 1545-1971

2008

Attachment Sequence No. 44

Name of employer: Jonathan M. Gillibrand

Social security number: [redacted]

Employer identification number: [redacted]

A Did you pay any one household employee cash wages of $1,600 or more in 2008? (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.)

[X] Yes. Skip lines B and C and go to line 1.
[ ] No. Go to line B.

B Did you withhold federal income tax during 2008 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 2007 or 2008 to all household employees? (Do not count cash wages paid in 2007 or 2008 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 2008 do not have to complete this form for 2008).

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security taxes (see instructions)	1	6,645.		
2	Social security taxes. Multiply line 1 by 12.4% (.124)			2	824.
3	Total cash wages subject to Medicare taxes (see instructions)	3	6,645.		
4	Medicare taxes. Multiply line 3 by 2.9% (.029)			4	193.
5	Federal income tax withheld, if any			5	
6	Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5			6	1,017.
7	Advance earned income credit (EIC) payments, if any			7	
8	Net taxes (subtract line 7 from line 6)			8	1,017.

9 Did you pay total cash wages of $1,000 or more in any calendar quarter of 2007 or 2008 to all household employees? (Do not count cash wages paid in 2007 or 2008 to your spouse, your child under age 21, or your parent.)

[ ] No. Stop. Include the amount from line 8 above on Form 1040, line 60, and check box b on that line. If you are not required to file Form 1040, see the line 9 instructions.

[X] Yes. Go to line 10 on page 2.

Part II Federal Unemployment (FUTA) Tax

			Yes	No
10	Did you pay unemployment contributions to only one state?	10		X
11	Did you pay all state unemployment contributions for 2008 by April 15, 2009? Fiscal year filers, see instructions	11	X	
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12	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 G

14 State reporting number as shown on state unemployment tax return G

15 Contributions paid to your state unemployment fund (see instructions) 15

16 Total cash wages subject to FUTA tax (see instructions) 16

17 FUTA tax. Multiply line 16 by .008. Enter the result here, skip Section B, and go to line 26 17

Section B

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

(a) Name of state	(b) State reporting number as shown on state unemployment tax return	(c) Taxable wages (as defined in state act)	(d) State experience rate period From	To	(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
NY	[redacted]	5,070.	1/08	12/08	.0403	274.	204.	70.	208.
DC		1,575.	1/08	12/08	.0270	85.	43.	42.	46.

19	Totals	19	112.		254.
20	Add columns (h) and (i) of line 19	20	366.		
21	Total cash wages subject to FUTA tax (see the line 16 instructions)			21	6,645.
22	Multiply line 21 by 6.2% (.062)			22	412.
23	Multiply line 21 by 5.4% (.054)	23	359.		
24	Enter the smaller of line 20 or line 23			24	359.
25	FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26			25	53.

Part III Total Household Employment Taxes

26	Enter the amount from line 8. If you checked the 'Yes' box on line C of page 1, enter -0-	26	1,017.
27	Add line 17 (or line 25) and line 26 (see instructions)	27	1,070.

28 Are you required to file Form 1040?

[X] Yes. Stop. Include the amount from line 27 above on Form 1040, line 60, and check box b on that line. Do not complete Part IV below.

[ ] No. You may have to complete Part IV. See instructions.

Part IV Address and Signature

Complete this part only if required. See the line 28 instructions.

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

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

A Employer's signature — A Date

Paid Preparer's Use Only: Preparer's signature A | Date | Check if self-employed [ ] | Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code A | EIN | Phone no.

Statement 1
Form 1040
Wage Schedule

Taxpayer - Employer	Wages	Federal W/H	FICA	Medi-care	State W/H	Local W/H
US House of Representatives	145,680.	25,920.	6,324.	2,337.	9,506.	
Grand Total	145,680.	25,920.	6,324.	2,337.	9,506.	0.

Statement 2
Form 1040
Pension and Annuities Schedule

Taxpayer - Payer	Total Received	Taxable Amount	Federal W/H	State W/H
Fidelity Investments - Rollover	133,106.			
Grand Total	133,106.	0.	0.	0.

Form 1040 Schedule A Line 21 Unreimbursed Employee Expenses

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

For office use only

New York State Department of Taxation and Finance

Cover Sheet for Form IT-201 Resident Income Tax Return

New York State ? New York City ? Yonkers

2008 IT-201

This is the cover sheet of your return. For your return to be complete you must include this cover sheet with all four pages of Form IT-201 and all required attachments.

Taxpayer name and address		Software vendor code 1032	
Your social security number [redacted]		Spouse's social security number [redacted]	
Your first name and middle initial KIRSTEN E		Your last name GILLIBRAND	
Spouse's first name and middle initial JONATHAN M		Spouse's last name GILLIBRAND	
Mailing address (number and street or rural route) [redacted]		Apartment number	
City, village or post office [redacted]	State	ZIP code [redacted]	

Summary of return data	
Federal adjusted gross income	397,792.
Total NYS adjusted gross income	397,792.
Total New York State tax withheld	9,506.
Total New York City tax withheld	
Total Yonkers tax withheld	
Amount to be refunded to you	4,482.
Amount you owe	

NYIA1305L 10/20/08

Staple check or money order here.

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

New York State Department of Taxation and Finance

2008

Resident Income Tax Return (long form)

IT-201

New York State ? New York City ? Yonkers

For the full year January 1, 2008, through December 31, 2008, or fiscal year beginning and ending

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

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

Print or type

Your first name and middle initial	Your last name (for a *joint return*, enter spouse's name on line below)	Your social security number
KIRSTEN E	GILLIBRAND	[redacted]

Spouse's first name and middle initial	Spouse's last name	Spouse's social security number
JONATHAN M	GILLIBRAND	[redacted]

Mailing address *(see instructions)* (number and street or rural route): [redacted]

Apartment number

New York State county of residence: ? [redacted]

City, village, or post office: [redacted]

State / ZIP code: [redacted]

School district name: ? [redacted]

Permanent home address *(see instructions)* (number and street or rural route)

Apartment number

School district code number . . . [redacted]

City, village, or post office: -

State: NY

ZIP code

Decedent information: Taxpayer's date of death ? Spouse's date of death ?

(A) Filing status – mark an *X* in one box:

1 Single

2 X Married filing joint return (enter spouse's social security number above)

3 Married filing separate return (enter spouse's social security number above)

4 Head of household (with qualifying person)

5 Qualifying widow(er) with dependent child

Staple check or money order here.

(B) Did you itemize your deductions on your 2008 federal income tax return? . . . Yes X No

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

(D) Have you underreported your tax due on past returns? To correct this without penalty, visit us at www.nystax.gov

(E) Did you or your spouse maintain living quarters in NYC during 2008 (see instructions)? . . . . Yes No X

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

(1) Number of months you lived in NY City in 2008 . . . . ?

(2) Number of months your spouse lived in NY City in 2008 ?

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

If applicable, also enter your second 2-digit special condition code . . . . ?

Federal income and adjustments

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

			Dollars
1	Wages, salaries, tips, etc.	1.	145,680.
2	Taxable interest income	2.	5,987.
3	Ordinary dividends	3.	
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on *line 25*)	4.	
5	Alimony received	5.	
6	Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	6.	52,020.
7	Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)	7.	197,920.
8	Other gains or losses (attach a copy of federal Form 4797)	8.	
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an *X* in the box	9.	
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an *X* in the box	10.	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)	11.	-140.
12	Farm income or loss (attach a copy of federal Schedule F, Form 1040)	12.	
13	Unemployment compensation	13.	
14	Taxable amount of social security benefits (also enter on *line 27*)	14.	
15	Other income (see instrs) Identify:	15.	
16	Add lines 1 through 15	16.	401,467.
17	Total federal adjustments to income (see instructions) Identify: ONE HALF OF SELF-EMPLOYMENT	17.	3,675.
18	Subtract line 17 from line 16. This is your federal adjusted gross income	18.	397,792.

NYIA1312L 11/11/08

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

Enter your social security number

[redacted] KIRSTEN E. AND JONATHAN M.

			Dollars
19	Enter the amount from line 18 on page 1. This is your federal adjusted gross income	19.	397,792.

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.	397,792.

New York subtractions (see instructions)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25.			
26	Pensions of NYS and local governments and the federal government (see instrs)	26.			
27	Taxable amount of social security benefits (from *line 14*)	27.			
28	Interest income on U.S. government bonds	28.			
29	Pension and annuity income exclusion (see instructions)	29.			
30	New York's 529 college savings program deduction / earnings	30.			
31	Other (see instrs) Identify:	31.			
32	Add lines 25 through 31			32.	
33	Subtract line 32 from line 24. This is your New York adjusted gross income			33.	397,792.

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.	32,700.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35.	365,092.
36	Dependent exemptions (not the same as total federal exemptions; see instructions)	36.	2,000.
37	Subtract line 36 from line 35. This is your taxable income	37.	363,092.

— or —

New York State standard deduction table

Filing status (from page 1)	Standard deduction (enter on line 34 above)
1 Single and you marked item C *Yes*	$ 3,000
1 Single and you marked item C *No*	7,500
2 Married filing joint return	15,000
3 Married filing separate return	7,500
4 Head of household (with qualifying person)	10,500
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.	28,566.
c	Interest you paid (from federal Schedule A, line 15)	c.	23,495.
d	Gifts to charity (from federal Schedule A, line 19)	d.	4,595.
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.	
g	Other miscellaneous deductions (from federal Schedule A, line 28)	g.	
h	Enter amount from federal Schedule A, line 29	h.	54,278.
i	State, local, and foreign income taxes and other subtraction adjustments (see instrs) SEE STATEMENT 1	i.	10,678.
j	Subtract line i from line h	j.	43,600.
k	Addition adjustments (see instrs)	k.	
l	Add lines j and k	l.	43,600.
m	Itemized deduction adjustment (see instructions)	m.	10,900.
n	Subtract line m from line l	n.	32,700.
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.	32,700.

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

KIRSTEN E. AND JONATHAN M. GILLIBRAND [redacted]

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

38	Enter the amount from line 37 on page 2. This is your taxable income	38.	363,092.
39	New York State tax on line 38 amount (see Tax Computation in the instructions)	39.	24,872.
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.	24,872.
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.	24,872.

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

See instructions to compute NYC and Yonkers taxes, credits, and tax surcharges.

47	New York City resident tax on line 38 amount (see instrs)	47.	
48	New York City household credit (from table 4, 5, or 6 in instructions)	48.	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50	Part-year New York City resident tax (attach Form IT-360.1)	50.	
51	Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.	
52	Add lines 49, 50, and 51	52.	
53	New York City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	
55	Yonkers resident income tax surcharge (see instructions)	55.	
56	Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57	Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.	
58	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 the instructions.) Do not leave line 59 blank	59.	150.

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	National 9/11 Memorial	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.	25,022.

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

Enter your social security number [redacted] 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. 25,022.

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.	48.
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 page 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.	9,506.
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.	20,000.

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 this page 4.

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

76 Add lines 63 through 75. This is the total of your payments ... 76. 29,554.

Your refund / amount overpaid (see instructions)

77 If line 76 is more than line 62, subtract line 62 from line 76 ... 77. 4,482.

78 Amount of line 77 that you want refunded to you. Complete line 82 ... Refund 78. 4,482.

79 Amount of line 77 that you want applied to your 2009 estimated tax. (see instructions) ... 79.

Amount you owe (see instructions)

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

81 Estimated tax penalty (Include this amount in line 80, or reduce the overpayment on line 77. See instructions.) ... 81. 50.

82 **Account information** (see instructions) Mark one: ? Refund - Direct deposit ? Owe - Electronic funds withdrawal

82a Routing number ? Electronic funds withdrawal effective date

82b Account number ? 82c Account Type ? Checking ? Savings

Third-party designee? (see instrs.) Yes X No

Print designee's name: JONATHAN F. RUTNIK, CPA

E-mail:

Designee's phone number: 518-348-1370

Personal Identification number (PIN)

Paid preparer's use only

Preparer's signature

G

Date

Preparer's SSN or PTIN [redacted]

? Employer identification number [redacted]

Firm's name (or yours, if self-employed): RUTNIK & CORR, P.C.

Mark X if self-employed

Address [redacted]

E-mail:

Sign your return here

Your signature

G

Your occupation: ? US CONGRESSWOMAN

Spouse's signature (if joint return)

Spouse's occupation (if joint return): REAL ESTATE INVESTMENT

Daytime phone number [redacted]

Date

E-mail:

NYIA1334L 11/11/08

Mail your completed return and any attachments to:
STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.
For information about private delivery services, see instructions.

File all four pages of this original scannable return with the Tax Department.

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2008

New York State 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. See instructions.

Taxpayer's first name and middle initial: KIRSTEN E
Taxpayer's last name: GILLIBRAND
Your social security number: [redacted]

Spouse's first name and middle initial: JONATHAN M
Spouse's last name: GILLIBRAND
Spouse's social security number: [redacted]

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): [redacted]

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

Box 1 Wages, tips, other compensation: 145,680.

Box 8 Allocated tips

Box 9 Advance EIC payment

Box 10 Dependent care benefits: 4,800.

Box 11 Nonqualified plans

Box 12a Amount | Code C

Box 12b Amount 15,498. | Code D

Box 12c Amount | Code

Box 12d Amount | Code

Box 13 Statutory employee

Box 14a Amount 4,520. | Description OTHER

Box 14b Amount | Description

Box 14c Amount | Description

Box 15 State: NY

Box 16 State wages, tips, etc (for NYS): 145,680.

Box 17 New York State income tax withheld: 9,506.

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

Box 19 Local income tax withheld
Locality a
Locality b

Box 20 Locality name
Locality a
Locality b

Corrected (W-2c)

Do not detach. W-2 Record 2

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

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 | Code

Box 12b Amount | Code

Box 12c Amount | Code

Box 12d Amount | Code

Box 13 Statutory employee

Box 14a Amount | Description

Box 14b Amount | Description

Box 14c Amount | 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
Locality a
Locality b

Box 19 Local income tax withheld
Locality a
Locality b

Box 20 Locality name
Locality a
Locality b

Corrected (W-2c)

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

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2008

New York State Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State ? New York City

IT-216

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

Name(s) as shown on return: KIRSTEN E. AND JONATHAN M. GILLIBRAND

Your social security number: [redacted]

1 Have you already filed your 2008 New York State income tax return? .... Yes No X

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

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

A ' Care provider's first name, middle initial, and last name	B ' Address	C ' Identifying number (SSN or EIN)	D ' Amount paid (see instructions)
[redacted]	[redacted]	? [redacted]	? 13,405.
		?	?

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 2008	D ' Person with disability (see instr.)	E ' Social security number	F ' Year of birth
THEODORE I	GILLIBRAND	7,427.	? ?	[redacted]	? 2003
HENRY N	GILLIBRAND	1,178.	? ?	[redacted]	? 2008
			? ?		?
			? ?		?

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any .... 3a. 8,605.

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 1995, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2008, through the day preceding the child's 13th birthday. ....

5 Enter the smallest of:

' line 3a above; or
' federal Form 2441, line 3; federal Form 1040A, Schedule 2, line 3; or
' $3,000 if one qualifying person, or $6,000 if two or more qualifying persons ....

		Dollars
5 Enter the smallest of (above)	5.	1,200.
6 Enter your earned income (see instructions)	6.	145,680.
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.	48,345.
8 Enter the smallest of line 5, 6, or 7	8.	1,200.
9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38	9. 397,792.	
10 Enter the decimal amount that applies to the amount on line 9 from Table for line 10 in the instructions	10.	.20
11 Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2)	11.	240.

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

		Dollars
12 Amount from line 11	12.	240.
13 Enter below your New York adjusted gross income (Form IT-150 filers, line 21; Form IT-201 filers, line 33; Form IT-203 filers, line 32) New York adjusted gross income .... 397,792.		
Use the New York State child and dependent care credit limitation table in the instructions to determine the decimal to be entered on this line	13.	0.200
14 Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (see instructions)	14.	48.

Part-year New York State residents

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

If line 15 is equal to or more than line 14, stop. You do not have excess credit.
If line 15 is less than line 14, continue on line 16 below.

16 Subtract line 15 from line 14. This is your excess child and dependent care credit .... 16.

17 Enter the amount from Form IT-203-ATT, line 29 (if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.) .... 17.

If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30. If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.

18 Subtract line 17 from line 16. This is your remaining excess child and dependent care credit .... 18.

19 Enter the amount from line 18, Column D, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet .... 19.

20 Enter the amount from line 18, Column A, of the Part-year resident income allocation worksheet in your Form IT-203 instruction booklet .... 20.

21 Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000) .... 21.

22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit .... 22.

New York City child and dependent care credit

If you were a resident of New York City at any time during 2008 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, 2008 on line 3, complete line 23 and see instructions.

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

IT-150 and IT-201 filers:

24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13) .... 24.

25 Add lines 14 and 24 .... 25.

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

26 Part-year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8) .... 26.

IT-201 filers: Enter the line 26 amount on Form IT-201-ATT, line 9a

IT-203 filers:

27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52b .... 27.

28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a .... 28.

Part-year New York City resident filers only:

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

30 Enter the amount from Worksheet 1, line 11 .... 30.

2008

New York State Department of Taxation and Finance

Underpayment of Estimated Income Tax By Individuals and Fiduciaries

IT-2105.9

New York State ? New York City ? Yonkers

For January 1 - December 31, 2008, or fiscal year beginning ending

Name(s) as shown on return: GILLIBRAND, KIRSTEN E. AND JONATHAN M.

Identification number (SSN or EIN): [redacted]

Part 1 ' All filers must complete this part (see instructions, Form IT-2105.9-I, for assistance)

1	Total tax from your 2008 return before withholding and estimated tax payments (*caution:* see instructions)			1.	24,872.
2	Empire state child credit (from Form IT-150, line 38; or Form IT-201, line 63)	2.			
3	NYS/NYC child and dependent care credit (from Form IT-150, line 39; or Form IT-201, line 64)	3.	48.		
4	NY State earned income credit (EIC) (from Form IT-150, line 40; or Form IT-201, line 65)	4.			
5	NY State noncustodial parent EIC (from Form IT-150, line 41; or Form IT-201, line 66)	5.			
6	Real property tax credit (from Form IT-150, line 42; or Form IT-201, line 67)	6.			
7	College tuition credit (from Form IT-150, line 43; or Form IT-201, line 68)	7.			
8	NY City school tax credit (from Form IT-150, line 44; or Form IT-201, line 69, or Form IT-203, line 60)	8.			
9	NY City earned income credit (from Form IT-150, line 45; or Form IT-201, line 70)	9.			
10	Other refundable credits (from Form IT-201, line 71; Form IT-203, line 61; or Form IT-205, line 33)	10.			
11	Add lines 2 through 10			11.	48.
12	Current year tax (subtract line 11 from line 1)			12.	24,824.
13	Multiply line 12 by 90% (.90)	13.	22,342.		
14	Income taxes withheld from Form IT-150, lines 46, 47, and 48; Form IT-201, lines 72, 73, and 74; Form IT-203, lines 62, 63, and 64; or Form IT-205, lines 34, 35, and 36			14.	9,506.
15	Subtract line 14 from line 12. If the result is less than $300, do not complete the rest of this form (see instructions)			15.	15,318.
16	Enter your 2007 tax (*caution:* see instructions)			16.	11,316.
17	Enter the smaller of line 13 or line 16			17.	11,316.

Part 2 ' Short method for computing the penalty '

Complete lines 18 through 24 if you paid withholding tax and/or paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete Part 3 ' Regular method.

18	Enter the amount from line 14 above	18.			
19	Enter the total amount of estimated tax payments you made (see instructions)	19.			
20	Add lines 18 and 19			20.	
21	Total underpayment for year. Subtract line 20 from line 17 (if zero or less, you do not owe the penalty)			21.	
22	Multiply line 21 by .04230 and enter the result			22.	
23	If the amount on line 21 was paid on or after April 15, 2009, enter *0*. If the amount on line 21 was paid before April 15, 2009, make the following computation to find the amount to enter on this line: Amount on line 21 x number of days paid before April 15, 2009 x .00016 =			23.	
24	Penalty. Subtract line 23 from line 22. Enter here and on Form IT-150, line 55; Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42.			24.	

Part 3 ' Regular method ' Schedule A ' Computing your underpayment (Schedule B is on page 2)

Payment due dates		A 4/15/08	B 6/15/08	C 9/15/08	D 1/15/09
25 Required installments. Enter 1/4 of line 17 in each column. (If you used the annualized income installment method, see instructions.)	25.	2,829.	2,829.	2,829.	2,829.
26 Estimated tax paid and tax withheld (see instructions)	26.	2,377.	2,377.	2,376.	22,376.
Complete lines 27 through 29, one column at a time, starting in column A.					
27 Overpayment or underpayment from prior period	27.		-452.	-904.	-1,357.
28 If line 27 is an overpayment, add lines 26 and 27; if line 27 is an underpayment, subtract line 27 from line 26 (see instructions)	28.	2,377.	1,925.	1,472.	21,019.
29 Underpayment (subtract line 28 from line 25) or overpayment (subtract line 25 from line 28; see instructions)	29.	452.	904.	1,357.	18,190.

NYIZ2112L 12/23/08

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Please file this original scannable form with the Tax Department.

GILLIBRAND, KIRSTEN E. AND JONATHAN M. [redacted]

Form IT-2105.9 (2008)

Part 3 ' Regular method ' Schedule B ' Computing the penalty

Payment due dates		A 4/15/08	B 6/15/08	C 9/15/08	D 1/15/09
30 Amount of underpayment (from line 29)	30.	452.	904.	1,357.	

First installment (April 15 - June 15, 2008)

31 April 15 - June 15 = $\frac{61}{366}$ X 7% = .01166

or

April 15 - ______ / 366 = ☐ X7%= ☐

		A
31.		0.01166
32 Multiply line 30, column A by line 31	32.	5.27

Second installment (June 15 - September 15, 2008)

33 June 15 - June 30 = $\frac{15}{366}$ x 7% = .00286

July 1 - September 15 = $\frac{77}{366}$ x 6% = .01261

.01547 Total

or

June 15 - ______ = ☐ / 366 x 7% = ☐

July 1 - ______ = ☐ / 366 x 6% = ☐

☐ Total

		B
	33.	0.01547
34 Multiply line 30, column B by line 33	34.	14.00

Third installment (September 15, 2008 - January 15, 2009)

35 September 15 - September 30 = $\frac{15}{366}$ x 6% = .00245

October 1 - December 31 = $\frac{92}{366}$ x 7% = .01759

January 1 - January 15 = $\frac{15}{365}$ x 6% = .00246

.02250 Total

or

September 15 - ______ = ☐ / 366 x 6% = ☐

October 1 - ______ = ☐ / 366 x 7% = ☐

January 1 - ______ = ☐ / 365 x 6% = ☐

☐ Total

		C
	35.	SEE ATTACHED WORKSHEET
36 Multiply line 30, column C by line 35	36.	30.57

Fourth installment (January 15 - April 15, 2009)

37 January 15 - April 15 = $\frac{90}{365}$ x 6% = .01479

or

January 15 - ______ = ☐ / 365 x 6% = ☐

		D
	37.	SEE ATTACHED WORKSHEET
38 Multiply line 30, column D by line 37	38.	
39 Penalty. Add lines 32, 34, 36, and 38. Enter here and on Form IT-150, line 55; Form IT-201, line 81; Form IT-203, line 71; or Form IT-205, line 42	39.	50.00

Attach this form to the back of your New York State return.

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NYIZ2112L 12/23/08

Please file this original scannable form with the Tax Department.

2008 UNDERPAYMENT PENALTY WORKSHEET

KIRSTEN E. AND JONATHAN M. GILLIBRAND [redacted]

Required Installment	Payment Date	Type *	Payment Amount	Underpayment	Days Late	Rate	Amount of Penalty **	Penalty per Period
FIRST QTR								
2,829.	4/15/08	2	2,377.	452.	61	0.070	5.27	
TOTAL								5.27
SECOND QTR								
2,829.	6/15/08	2	2,377.	904.	15	0.070	2.59	
RATE CHANGE	6/30/08			904.	77	0.060	11.41	
TOTAL								14.00
THIRD QTR								
2,829.	9/15/08	2	2,376.	1,357.	15	0.060	3.34	
RATE CHANGE	9/30/08			1,357.	92	0.070	23.88	
RATE CHANGE	12/31/08			1,357.	15	0.060	3.35	
TOTAL								30.57
FOURTH QTR								
2,829.	1/15/09	2	2,376.	1,810.				
	1/15/09	3	20,000.	-18,190.				
	4/15/09	5		-18,190.				
TOTAL UNDERPAYMENT PENALTY								50.

* 1 = Overpayment
2 = Withholding
3 = Estimate
4 = Extension
5 = Paid with return

** Underpayment $\times \frac{\text{Days Late}}{\text{366 or 365}} \times$ Rate

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

STATE, LOCAL, AND FOREIGN TAXES	$	11,146.
ADJUSTMENT FROM SUBTRACTION ADJUSTMENT LIMITATION WORKSHEET		-468.
TOTAL	$	10,678.