

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return 2009** (99) IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2009, or other tax year beginning , 2009, ending , 20

Label (See instructions.)
Your first name MI Last name
Kirsten E. Gillibrand

Use the IRS label. Otherwise, please print or type.
If a joint return, spouse's first name MI Last name
Jonathan M. Gillibrand

Presidential Election Campaign
Home address (number and street). If you have a P.O. box, see instructions. Apartment no.
City, town or post office. If you have a foreign address, see instructions. State ZIP code

OMB No. 1545-0074
Your social security number
Spouse's social security number
You must enter your social security number(s) above.
Checking a box below will not change your tax or refund.
 You Spouse

Filing Status

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

Check only one box.

Exemptions

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

| c Dependents: | | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs) |
|----------------|------------|--|-------------------------------------|---|
| (1) First name | Last name | | | |
| Theodore I | Gillibrand | | Child | <input checked="" type="checkbox"/> |
| Henry N | Gillibrand | | Child | <input checked="" type="checkbox"/> |

Boxes checked on 6a and 6b ... 2
No. of children on 6c who:
• lived with you ... 2
• did not live with you due to divorce or separation (see instrs) ...
Dependents on 6c not entered above ...
Add numbers on lines above ... 4

Income

| | | |
|--|-----|----------|
| 7 Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 162,135. |
| 8a Taxable interest. Attach Schedule B if required | 8a | 389. |
| 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 | 38,120. |
| 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here | 13 | -3,000. |
| 14 Other gains or (losses). Attach Form 4797 | 14 | |
| 15a IRA distributions | 15a | |
| b Taxable amount (see instrs) | 15b | |
| 16a Pensions and annuities | 16a | 112,286. |
| b Taxable amount (see instrs) | 16b | 0. |
| 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | -49. |
| 18 Farm income or (loss). Attach Schedule F | 18 | |
| 19 Unemployment compensation in excess of \$2,400 per recipient (see instructions) | 19 | |
| 20a Social security benefits | 20a | |
| b Taxable amount (see instrs) | 20b | |
| 21 Other income | 21 | |
| 22 Add the amounts in the far right column for lines 7 through 21. This is your total income | 22 | 197,595. |

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 | 2,693. |
| 28 Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 Self-employed health insurance deduction (see instructions) | 29 | |
| 30 Penalty on early withdrawal of savings | 30 | |
| 31a Alimony paid b Recipient's SSN | 31a | |
| 32 IRA deduction (see instructions) | 32 | |
| 33 Student loan interest deduction (see instructions) | 33 | |
| 34 Tuition and fees deduction. Attach Form 8917 | 34 | |
| 35 Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 Add lines 23 - 31a and 32 - 35 | 36 | 2,693. |
| 37 Subtract line 36 from line 22. This is your adjusted gross income | 37 | 194,902. |

Tax and Credits

Standard Deduction for
 • People who check any box on line 39a, 39b, or 40b or who can be claimed as a dependent, see instructions.
 • All others:
 Single or Married filing separately, \$5,700
 Married filing jointly or Qualifying widow(er), \$11,400
 Head of household, \$8,350

| | | | |
|-----|--|-----|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 194,902. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1945, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1945, <input type="checkbox"/> Blind. checked ▶ 39a | | |
| | b If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ▶ 39b <input type="checkbox"/> | | |
| 40a | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40a | 79,603. |
| | b If you are increasing your standard deduction by certain real estate taxes, new motor vehicle taxes, or a net disaster loss, attach Schedule L and check here (see instructions) ▶ 40b <input type="checkbox"/> | | |
| 41 | Subtract line 40a from line 38 | 41 | 115,299. |
| 42 | Exemptions. If line 38 is \$125,100 or less and you did not provide housing to a Midwestern displaced individual, multiply \$3,650 by the number on line 6d. Otherwise, see instructions | 42 | 14,600. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 100,699. |
| 44 | Tax (see instrs). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 | 44 | 17,550. |
| 45 | Alternative minimum tax (see instructions). Attach Form 6251 | 45 | 8,656. |
| 46 | Add lines 44 and 45 | 46 | 26,206. |
| 47 | Foreign tax credit. Attach Form 1116 if required | 47 | |
| 48 | Credit for child and dependent care expenses. Attach Form 2441 | 48 | 200. |
| 49 | Education credits from Form 8863, line 29 | 49 | |
| 50 | Retirement savings contributions credit. Attach Form 8880 | 50 | |
| 51 | Child tax credit (see instructions) | 51 | |
| 52 | Credits from Form: a <input type="checkbox"/> 8396 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 5695 | 52 | |
| 53 | Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 53 | |
| 54 | Add lines 47 through 53. These are your total credits | 54 | 200. |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- | 55 | 26,006. |
| 56 | Self-employment tax. Attach Schedule SE | 56 | 5,386. |
| 57 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 57 | |
| 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 58 | |
| 59 | Additional taxes: a <input type="checkbox"/> AEIC payments b <input checked="" type="checkbox"/> Household employment taxes. Attach Schedule H | 59 | 1,884. |
| 60 | Add lines 55-59. This is your total tax | 60 | 33,276. |

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

| | | | |
|-----|--|-----|---------|
| 61 | Federal income tax withheld from Forms W-2 and 1099 | 61 | 27,090. |
| 62 | 2009 estimated tax payments and amount applied from 2008 return | 62 | 47,200. |
| 63 | Making work pay and government retiree credit. Attach Schedule M | 63 | |
| 64a | Earned income credit (EIC) | 64a | |
| | b Nontaxable combat pay election ▶ 64b <input type="checkbox"/> | | |
| 65 | Additional child tax credit. Attach Form 8812 | 65 | |
| 66 | Refundable education credit from Form 8863, line 16 | 66 | |
| 67 | First-time homebuyer credit. Attach Form 5405 | 67 | |
| 68 | Amount paid with request for extension to file (see instructions) | 68 | |
| 69 | Excess social security and tier 1 RRTA tax withheld (see instructions) | 69 | |
| 70 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 4136 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885 | 70 | |
| 71 | Add lns 61-63, 64a, & 65-70. These are your total pmts | 71 | 74,290. |

Refund

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

| | | | |
|-----|---|-----|---------|
| 72 | If line 71 is more than line 60, subtract line 60 from line 71. This is the amount you overpaid | 72 | 41,014. |
| 73a | Amount of line 72 you want refunded to you. If Form 8888 is attached, check here ▶ <input type="checkbox"/> | 73a | 31,014. |
| | ▶ b Routing number: XXXXXXXXXXXX ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |
| | ▶ d Account number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | |
| 74 | Amount of line 72 you want applied to your 2010 estimated tax | 74 | 10,000. |

Amount You Owe

| | | | |
|----|--|----|--|
| 75 | Amount you owe. Subtract line 71 from line 60. For details on how to pay, see instructions | 75 | |
| 76 | Estimated tax penalty (see instructions) | 76 | |

Third Party Designee

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

Designee's name ▶ **Jonathan F. Rutnik, CPA** Phone no. ▶ [redacted] Personal identification number (PIN) ▶ [redacted]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|--|------------|---------------------|----------------------|
| Your signature | Date | Your occupation | Daytime phone number |
| [redacted] | [redacted] | US Senator | [redacted] |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | |
| [redacted] | [redacted] | Real Estate Invest | |

Paid Preparer's Use Only

| | | | |
|---|------------------|---|-------------------------------------|
| Preparer's signature ▶ [redacted] | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN ▶ [redacted] |
| Firm's name (or yours if self-employed), address, and ZIP code ▶ Rutnik & Corr, P.C. | EIN ▶ [redacted] | Phone no. ▶ [redacted] | |

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

▶ **See instructions for Schedule A (Form 1040).**

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Kirsten E. and Jonathan M. Gillibrand

| | | 1 | 2 | 3 | 4 |
|---|--|--------|----------|-----------|---------|
| 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 <input checked="" type="checkbox"/> Income taxes, or | | | | |
| | b <input type="checkbox"/> General sales taxes | | | | |
| | 6 Real estate taxes (see instructions)..... | 5 | 32,378. | | |
| | 7 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b..... | 6 | 18,209. | | |
| | 8 Other taxes. List type and amount ▶ | 7 | | | |
| | | 8 | | | |
| | 9 Add lines 5 through 8..... | | | | 9 |
| | | | | | |
| Interest You Paid | 10 Home mtg interest and points reported to you on Form 1098..... | 10 | 23,057. | | |
| | 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address ▶ | | | | |
| | | 11 | | | |
| | 12 Points not reported to you on Form 1098. See instrs for spl rules..... | 12 | | | |
| | 13 Qualified mortgage insurance premiums (see instructions)..... | 13 | | | |
| Note. Personal interest is not deductible. | 14 Investment interest. Attach Form 4952 if required. (See instrs.)..... | 14 | | | |
| | 15 Add lines 10 through 14..... | | | | 15 |
| | | | | | 23,057. |
| Gifts to Charity If you made a gift and got a benefit for it, see instructions. | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs..... | 16 | 2,580. | | |
| | 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 | 1,871. | | |
| | 18 Carryover from prior year..... | 18 | | | |
| | 19 Add lines 16 through 18..... | | | | 19 |
| | | | | | 4,451. |
| Casualty and Theft Losses | 20 Casually or theft loss(es). Attach Form 4684. (See instructions.)..... | 20 | | | 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.) ▶ | | | | |
| | See attached statement..... | 3,000. | 21 | 3,000. | |
| | 22 Tax preparation fees..... | | 22 | 2,687. | |
| | 23 Other expenses — investment, safe deposit box, etc. List type and amount ▶ | | 23 | | |
| | 24 Add lines 21 through 23..... | | 24 | 5,687. | |
| | 25 Enter amount from Form 1040, line 38..... | 25 | 194,902. | | |
| | 26 Multiply line 25 by 2% (.02)..... | | 26 | 3,898. | |
| 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-..... | | | | 27 | |
| | | | | | 1,789. |
| Other Miscellaneous Deductions | 28 Other — from list in the instructions. List type and amount ▶ | | | | 28 |
| | | | | | 0. |
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$166,800 (over \$83,400 if married filing separately)? | | | Reduction | |
| | <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40a. | | | -281. | |
| | <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See instructions for the amount to enter. | | | | 29 |
| | | | | | 79,603. |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ <input type="checkbox"/> | | | | |

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2009

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.**

▶ **See Instructions.**

Name(s) shown on return

Your social security number

Kirsten E. and Jonathan M. Gillibrand

Part I
Interest

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

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address

E Trade

Citibank N.A.

United Kingdom

Amount

24.

240.

125.

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

2 Add the amounts on line 1

2

389.

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 1040A, or Form 1040, line 8a.

4

389.

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

Part II
Ordinary Dividends

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

5 List name of payer

5

Amount

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

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

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; (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 2009, 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. ▶ United Kingdom

8 During 2009, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.

X

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2009

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

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

Name of proprietor

Jonathan M. Gillibrand

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

Real Estate Investment

B Enter code from instructions

▶ **531390**

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

D Employer ID number (EIN), if any

E Business address (including suite or room no.) ▶

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

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

G Did you 'materially participate' in the operation of this business during 2009? If 'No,' see instructions for limit on losses. Yes No

H If you started or acquired this business during 2009, check here

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. <input type="checkbox"/> | 1 | 38,500. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 38,500. |
| 4 Cost of goods sold (from line 42 on page 2) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 38,500. |
| 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 | 7 | 38,500. |

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 | 380. | 25 Utilities | 25 | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 | 28 | 380. | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 38,120. | 27 Other expenses (from line 48 on page 2) | 27 | |
| 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 | 38,120. | | | |
| 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 <input type="checkbox"/> All investment is at risk. | | |
| | | | 32b <input type="checkbox"/> Some investment is not at risk. | | |

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

Schedule C (Form 1040) 2009

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

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

OMB No. 1545-0074

2009

Attachment
Sequence No. 12

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number

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

| (a) Description of property (Example: 100 shares XYZ Co) | (b) Date acquired (Mo, day, yr) | (c) Date sold (Mo, day, yr) | (d) Sales price (see instructions) | (e) Cost or other basis (see instructions) | (f) Gain or (loss) Subtract (e) from (d) |
|--|---------------------------------|-----------------------------|------------------------------------|--|--|
| 1 25sh Autozone Options - Expired | Various | 1/21/09 | 0. | 6,889. | -6,889. |
| 20sh Autozone Options - Expired | Various | 3/24/09 | 0. | 3,735. | -3,735. |
| 40sh Bed Bath & Beyond | Various | 2/12/09 | 3,950. | 3,550. | 400. |
| 10sh Gold EFT Options - Expired | 11/21/08 | 1/21/09 | 0. | 2,867. | -2,867. |
| 100sh Home Depot Options - Expired | Various | 1/21/09 | 0. | 9,895. | -9,895. |
| 2 Enter your short-term totals, if any, from Schedule D-1, line 2... | | 2 | 18,805. | | -5,420. |
| 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)..... | | 3 | 22,755. | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824..... | | | | | 4 |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.... | | | | | 5 |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions..... | | | | | 6 |
| 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)..... | | | | | 7 -28,406. |

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 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 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 | | | |
| 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 |

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

Schedule D (Form 1040) 2009

Part III Summary

| | | |
|--|---------|----------|
| 16 Combine lines 7 and 15 and enter the result..... | 16 | -28,406. |
| If line 16 is: | | |
| <ul style="list-style-type: none"> • 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? | | |
| <input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> 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..... | ▶ 18 | |
| 19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions..... | ▶ 19 | |
| 20 Are lines 18 and 19 both zero or blank? | | |
| <input type="checkbox"/> 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. <input type="checkbox"/> 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: | | |
| <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500)]..... | | |
| 21 | -3,000. | |
| 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? | | |
| <input type="checkbox"/> 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). <input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR. | | |

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

Your social security number

Kirsten E. and Jonathan M. Gillibrand

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

Part II Income or Loss From Partnerships and S Corporations

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

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

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

Summary table for Part II with columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 49.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B are blank.

Summary table for Part III with columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 37.

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

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

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

Part V Summary

Summary table for Part V with 2 columns: Description, Amount. Rows 40-43. Total income or loss: -49.

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2009

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **17**

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

Jonathan M. Gillibrand

Social security number of person
with self-employment income ▶

Who Must File Schedule SE

You must file Schedule SE if:

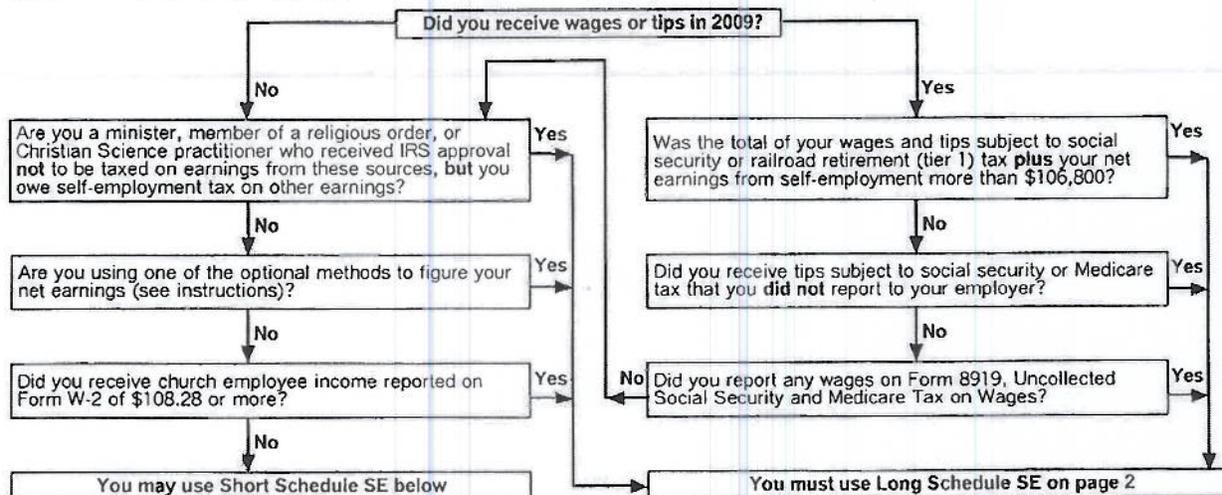
- You had net earnings from self-employment from **other than** church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order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

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

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt - Form 4361' on Form 1040, line 5b.

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 Y..... | 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 | 38,120. |
| 3 Combine lns 1a, 1b & 2..... | 3 | 38,120. |
| 4 Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax.....▶ | 4 | 35,204. |
| 5 Self-employment tax. If the amount on line 4 is: • \$106,800 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56. • More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$13,243.20 to the result. Enter the total here and on Form 1040, line 56. | 5 | 5,386. |
| 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 | 2,693. |

Child and Dependent Care Expenses

Department of the Treasury
Internal Revenue Service (99)

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

2009
Attachment
Sequence No. 21

Name(s) shown on return

Your social security number

Kirsten E. and Jonathan M. Gillibrand

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

| 1 | (a) Care provider's name | (b) Address (no., street, apt no., city, state, and ZIP code) | (c) Identifying no. (SSN or EIN) | (d) Amount paid (see instructions) |
|---|--------------------------|--|-------------------------------------|---------------------------------------|
| | [REDACTED] | [REDACTED] | [REDACTED] | 14,862. |
| | [REDACTED] | [REDACTED] | [REDACTED] | 5,103. |

Did you receive dependent care benefits? No Yes

Complete only Part II below.
Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59, 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 | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2009 for the person listed in column (a) |
|------------------------------|------------|--|--|
| First | Last | | |
| Henry N | Gillibrand | [REDACTED] | 14,862. |
| Theodore I | Gillibrand | [REDACTED] | 5,103. |

| | | |
|---|---|----------|
| 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 34. | 3 | 1,000. |
| 4 Enter your earned income. See instructions. | 4 | 162,135. |
| 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 | 35,427. |
| 6 Enter the smallest of line 3, 4, or 5. | 6 | 1,000. |
| 7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 36. | 7 | 194,902. |

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

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

| | | |
|---|----|---------|
| 9 Multiply line 6 by the decimal amount on line 8. If you paid 2008 expenses in 2009, see the instructions. | 9 | 200. |
| 10 Enter the amount from Form 1040, line 46; Form 1040A, line 28; or Form 1040NR, line 43. | 10 | 26,206. |
| 11 Enter the amount from Form 1040, line 47; or Form 1040NR, line 44. Form 1040A filers, enter -0- | 11 | |
| 12 Subtract line 11 from line 10. If zero or less, stop. You cannot take the credit. | 12 | 26,206. |
| 13 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 12 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 45. | 13 | 200. |

BAA For Paperwork Reduction Act Notice, see separate instructions.

Part III Dependent Care Benefits

| | | | |
|----|--|----|----------|
| 14 | Enter the total amount of dependent care benefits you received in 2009. 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 | 5,000. |
| 15 | Enter the amount, if any, you carried over from 2008 and used in 2009 during the grace period. See instructions. | 15 | |
| 16 | Enter the amount, if any, you forfeited or carried forward to 2010. See instructions. | 16 | |
| 17 | Combine lines 14 through 16. See instructions. | 17 | 5,000. |
| 18 | Enter the total amount of qualified expenses incurred in 2009 for the care of the qualifying person(s) . | 18 | 19,965. |
| 19 | Enter the smaller of line 17 or 18. | 19 | 5,000. |
| 20 | Enter your earned income . See instructions. | 20 | 162,135. |
| 21 | Enter the amount shown below that applies to you. <ul style="list-style-type: none"> • 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. • All others, enter the amount from line 20. | 21 | 35,427. |
| 22 | Enter the smallest of line 19, 20, or 21. | 22 | 5,000. |
| 23 | Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 21). | 23 | 5,000. |
| 24 | Are you filing Form 1040A? <input type="checkbox"/> Yes. Skip lines 24 through 27 and go to line 28. <input checked="" type="checkbox"/> No. 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-. | 24 | 0. |
| 25 | Subtract line 24 from line 17. | 25 | 5,000. |
| 26 | Enter the smaller of line 22 or 23. | 26 | 5,000. |
| 27 | Deductible benefits. Enter the smallest of line 22, 23, or 24. Also, include this amount on the appropriate line(s) of your return. See instructions. | 27 | 0. |
| 28 | Excluded benefits. Form 1040 and 1040NR filers: Subtract line 27 from line 26. If zero or less, enter -0-. Form 1040A filers: Enter the smaller of line 22 or line 23. | 28 | 5,000. |
| 29 | Taxable benefits. Form 1040 and 1040NR filers: Subtract line 28 from line 25. 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.' Form 1040A filers: Subtract line 28 from line 17. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter 'DCB'. | 29 | 0. |

To claim the child and dependent care credit, complete lines 30 through 34 below.

| | | | |
|----|---|----|---------|
| 30 | Enter \$3,000 (\$6,000 if two or more qualifying persons). | 30 | 6,000. |
| 31 | Form 1040 and 1040NR filers: Add lines 27 and 28. Form 1040A filers: Enter the amount from line 28. | 31 | 5,000. |
| 32 | Subtract line 31 from line 30. If zero or less, stop . You cannot take the credit. Exception. If you paid 2008 expenses in 2009, see the instructions for line 9. | 32 | 1,000. |
| 33 | Complete line 2 on page 1 of this form. Do not include in column (c) any benefits shown on line 31 above. Then, add the amounts in column (c) and enter the total here. | 33 | 14,965. |
| 34 | Enter the smaller of line 32 or 33. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 13. | 34 | 1,000. |

Alternative Minimum Tax – Individuals

Department of the Treasury
Internal Revenue Service (99)

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

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

Your social security number

Kirsten E. and Jonathan M. Gillibrand

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

| | | | |
|----|---|----|----------|
| 1 | If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6), and go to line 2. Otherwise, enter the amount from Form 1040, line 38 (minus any amount on Form 8914, line 6), and go to line 7. (If less than zero, enter as a negative amount.) | 1 | 115,299. |
| 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), lines 5, 6, and 8 | 3 | 50,587. |
| 4 | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions | 4 | |
| 5 | Miscellaneous deductions from Schedule A (Form 1040), line 27 | 5 | 1,789. |
| 6 | If Form 1040, line 38, is over \$166,800 (over \$83,400 if married filing separately), enter the amount from line 11 of the Itemized Deductions Worksheet in the instructions for Schedule A (Form 1040) | 6 | -281. |
| 7 | If filing Schedule L (Form 1040A or 1040), enter as a negative amount the sum of lines 6 and 20 from that schedule | 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 | Alternative tax net operating loss deduction | 12 | |
| 13 | Interest from specified private activity bonds exempt from the regular tax | 13 | |
| 14 | Qualified small business stock (7% of gain excluded under section 1202) | 14 | |
| 15 | Exercise of incentive stock options (excess of AMT income over regular tax income) | 15 | |
| 16 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) | 16 | |
| 17 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) | 17 | |
| 18 | Disposition of property (difference between AMT and regular tax gain or loss) | 18 | |
| 19 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) | 19 | |
| 20 | Passive activities (difference between AMT and regular tax income or loss) | 20 | |
| 21 | Loss limitations (difference between AMT and regular tax income or loss) | 21 | |
| 22 | Circulation costs (difference between regular tax and AMT) | 22 | |
| 23 | Long-term contracts (difference between AMT and regular tax income) | 23 | |
| 24 | Mining costs (difference between regular tax and AMT) | 24 | |
| 25 | Research and experimental costs (difference between regular tax and AMT) | 25 | |
| 26 | Income from certain installment sales before January 1, 1987 | 26 | |
| 27 | Intangible drilling costs preference | 27 | |
| 28 | Other adjustments, including income-based related adjustments | 28 | |
| 29 | Alternative minimum taxable income. Combine lines 1 through 28. (If married filing separately and line 29 is more than \$216,900, see instructions.) | 29 | 167,394. |

Part II Alternative Minimum Tax

| | | | |
|----|---|--------------------------------------|------------------------------------|
| 30 | Exemption. (If you were under age 24 at the end of 2009, 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 | \$46,700 |
| | Married filing jointly or qualifying widow(er) | 150,000 | 70,950 |
| | Married filing separately | 75,000 | 35,475 |
| 30 | | | 66,601. |
| 31 | If line 29 is over the amount shown above for your filing status, see instructions. 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. | | 100,793. |
| 32 | <ul style="list-style-type: none"> 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. | | 26,206. |
| 33 | Alternative minimum tax foreign tax credit (see instructions) | | |
| 34 | Tentative minimum tax. Subtract line 33 from line 32 | | 26,206. |
| 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). | | 17,550. |
| 36 | AMT. Subtract line 35 from line 34. If zero or less, enter -0-. Enter here and on Form 1040, line 45 | | 8,656. |

SCHEDULE H
(Form 1040)

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

OMB No. 1545-1971

2009

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

Jonathan M. Gillibrand

A Did you pay **any one** household employee cash wages of \$1,700 or more in 2009? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

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

B Did you withhold federal income tax during 2009 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 2008 or 2009 to **all** household employees? (**Do not** count cash wages paid in 2008 or 2009 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 2009 **do not** have to complete this form for 2009).

Part I Social Security, Medicare, and Federal Income Taxes

| | | | | |
|---|--|---|---------|--------|
| 1 | Total cash wages subject to social security taxes (see instructions) | 1 | 11,703. | |
| 2 | Social security taxes. Multiply line 1 by 12.4% (.124) | 2 | | 1,451. |
| 3 | Total cash wages subject to Medicare taxes (see instructions) | 3 | 11,703. | |
| 4 | Medicare taxes. Multiply line 3 by 2.9% (.029) | 4 | | 339. |
| 5 | Federal income tax withheld, if any | 5 | | |
| 6 | Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5 | 6 | | 1,790. |
| 7 | Advance earned income credit (EIC) payments, if any | 7 | | |
| 8 | Net taxes (subtract line 7 from line 6) | 8 | | 1,790. |

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2008 or 2009 to **all** household employees? (**Do not** count cash wages paid in 2008 or 2009 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Form 1040, line 59, and check box **b** on that line. If you are not required to file Form 1040, see the line 9 instructions.
 Yes. Go to line 10 on page 2.

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

Schedule H (Form 1040) 2009

Part II Federal Unemployment (FUTA) Tax

| | Yes | No |
|--|-----|----|
| 10 Did you pay unemployment contributions to only one state? (If you paid contributions to Michigan, check 'No.')..... | | X |
| 11 Did you pay all state unemployment contributions for 2009 by April 15, 2010? Fiscal year filers, see instructions.... | X | |
| 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?..... | X | |

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

Section A

| | |
|--|----|
| 13 Name of the state where you paid unemployment contributions..... | |
| 14 State reporting number as shown on state unemployment tax return..... | |
| 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 | | (e) State experience rate | (f) Multiply column (c) by .054 | (g) Multiply column (c) by column (e) | (h) Subtract column (g) from column (f). If zero or less, enter -0-. | (i) Contributions paid to state unemployment fund |
| | | | From | To | | | | | |
| NY | | 6,468. | 1/09 | 12/09 | .0553 | | | | 363. |
| DC | | 5,235. | 1/09 | 12/09 | .0270 | 283. | 141. | 142. | 152. |
| 19 Totals..... | | | | | | 19 | 142. | | 515. |
| 20 Add columns (h) and (i) of line 19..... | | | | | | 20 | 657. | | |
| 21 Total cash wages subject to FUTA tax (see the line 16 instructions)..... | | | | | | | 21 | | 11,703. |
| 22 Multiply line 21 by 6.2% (.062)..... | | | | | | | 22 | | 726. |
| 23 Multiply line 21 by 5.4% (.054)..... | | | | | | 23 | 632. | | |
| 24 Enter the smaller of line 20 or line 23..... (Michigan employers must use the worksheet in the separate instructions and check here)..... | | | | | | | <input type="checkbox"/> | 24 | 632. |
| 25 FUTA tax. Subtract line 24 from line 22. Enter the result here and go to line 26..... | | | | | | | | 25 | 94. |

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 | 1,790. |
| 27 Add line 17 (or line 25) and line 26 (see instructions)..... | 27 | 1,884. |

- 28 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 27 above on Form 1040, line 59, 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.

| | | | |
|---|------|------------------------|--|
| Employer's signature | | Date | |
| Preparer's signature | Date | Preparer's SSN or PTIN | Check if self-employed... <input type="checkbox"/> |
| Paid Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP code | | EIN | Phone no. |

Noncash Charitable Contributions

Department of the Treasury
Internal Revenue Service

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

Attachment Sequence No. **155**

Name(s) shown on your income tax return

Identifying number

Kirsten E. and Jonathan M. Gillibrand

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

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

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

| 1 | (a) Name and address of the donee organization | (b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.) |
|---|--|--|
| A | See Statement 3 | |
| B | | |
| C | | |
| D | | |
| E | | |

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

| | (c) Date of the contribution | (d) Date acquired by donor (mo., yr) | (e) How acquired by donor | (f) Donor's cost or adjusted basis | (g) Fair market value (see instructions) | (h) Method used to determine the fair market value |
|---|------------------------------|--------------------------------------|---------------------------|------------------------------------|--|--|
| A | See Statement 4 | | | | | |
| B | | | | | | |
| C | | | | | | |
| D | | | | | | |
| E | | | | | | |

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

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

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

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

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

Name of charitable organization (donee)

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

City or town

State ZIP code

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

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

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

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

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

| Yes | No |
|-----|----|
| | |
| | |
| | |

Kirsten E. and Jonathan M. Gillibrand

7/26/12

01:31PM

**Statement 1
Form 1040
Wage Schedule**

| <u>Taxpayer - Employer</u> | <u>Wages</u> | <u>Federal W/H</u> | <u>FICA</u> | <u>Medi- care</u> | <u>State W/H</u> | <u>Local W/H</u> |
|-----------------------------|-----------------|------------------------|---------------|-----------------------|----------------------|----------------------|
| US House of Representatives | 23,374. | 3,794. | 1,620. | 379. | 1,493. | |
| United States Senate | 138,761. | 23,296. | 5,002. | 2,211. | 9,026. | |
| Grand Total | 162,135. | 27,090. | 6,622. | 2,590. | 10,519. | 0. |

**Statement 2
Form 1040
Pension and Annuities Schedule**

| <u>Taxpayer - Payer</u> | <u>Total Received</u> | <u>Taxable Amount</u> | <u>Federal W/H</u> | <u>State W/H</u> |
|---------------------------------|---------------------------|---------------------------|------------------------|----------------------|
| Fidelity Investments - Rollover | 112,286. | | | |
| Grand Total | 112,286. | 0. | 0. | 0. |

**Statement 3
Form 8283, Line 1
Information on Donated Property**

| <u>#</u> | <u>Name and Address of Donee</u> | <u>Description of Donated Property</u> |
|----------|---|--|
| A. | The Salvation Army [REDACTED] | Clothing |
| B. | The Salvation Army [REDACTED] | Clothing |
| C. | Dress for Success [REDACTED] | Clothing |
| D. | Dress for Success [REDACTED] | Clothing |
| E. | The Salvation Army [REDACTED] | Clothing |
| F. | The Salvation Army [REDACTED] | Clothing |
| G. | Dress for Success [REDACTED] | Clothing |
| H. | The Salvation Army Adult Rehabilitation Center [REDACTED] | Clothing |

Kirsten E. and Jonathan M. Gillibrand

7/26/12

01:31PM

Statement 4
Form 8283, Line 1
Information on Donated Property

| <u>#</u> | <u>Date of Contrib.</u> | <u>Date Acq by Donor</u> | <u>How Acq by Donor</u> | <u>Cost or Basis</u> | <u>Fair Mkt Value</u> | <u>Method to Determine Fair Market Value</u> |
|----------|-------------------------|--------------------------|-------------------------|----------------------|-----------------------|--|
| A. | 12/11/09 | Various | Purchase | 1,050. | 260. | Thrift Shop Value |
| B. | 9/11/09 | Various | Purchase | 350. | 88. | Thrift Shop Value |
| C. | 9/11/09 | Various | Purchase | 2,715. | 306. | Thrift Shop Value |
| D. | 8/28/09 | Various | Purchase | 2,950. | 200. | Thrift Shop Value |
| E. | 12/22/09 | Various | Purchase | 290. | 56. | Thrift Shop Value |
| F. | 10/26/09 | Various | Purchase | 2,430. | 497. | Thrift Shop Value |
| G. | 10/26/09 | Various | Purchase | 1,100. | 214. | Thrift Shop Value |
| H. | 8/28/09 | Various | Purchase | 1,275. | 250. | Thrift Shop Value |

7/26/12

01:31PM

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

**Cover Sheet for Form IT-201
Resident Income Tax Return**
New York State • New York City • Yonkers

2009 **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 | Spouse's social security number | |
| 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) | | Apartment number |
| City, village or post office | State | ZIP code |
| Summary of return data | | |
| Federal adjusted gross income | 194,902. | |
| Total NYS adjusted gross income | 194,902. | |
| Total New York State tax withheld | 10,519. | |
| Total New York City tax withheld | | |
| Total Yonkers tax withheld | | |
| Amount to be refunded to you | 3,510. | |
| Amount you owe | | |

NYIA1305L 12/04/09

Staple check or money order here.

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

0731091032



Resident Income Tax Return (long form)

New York State • New York City • Yonkers

For the full year January 1, 2009, through December 31, 2009, 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) | Apartment number | New York State county of residence | |
| | [REDACTED] | | [REDACTED] | |
| | City, village, or post office | State | ZIP code | School district name |
| | [REDACTED] | [REDACTED] | [REDACTED] | [REDACTED] |
| | Permanent home address (see instructions) (number and street or rural route) | Apartment number | School district code number | |
| | [REDACTED] | | [REDACTED] | |
| | City, village, or post office | State | ZIP code | Decedent information: Taxpayer's date of death Spouse's date of death |
| | [REDACTED] | NY | [REDACTED] | [REDACTED] |

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

Staple check or money order here

- (B) Did you itemize your deductions on your 2009 federal income tax return? Yes No
- (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

- (D) Choose direct deposit to avoid paper check refund delays.
- (E) Did you or your spouse maintain living quarters in NYC during 2009 (see instructions)? Yes No
- (F) NYC residents and NYC part-year residents only (see instructions):
- (1) Number of months you lived in NY City in 2009
 - (2) Number of months your spouse lived in NY City in 2009
- (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 | 162,135. |
| 2 Taxable interest income | 389. |
| 3 Ordinary dividends | |
| 4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25) | |
| 5 Alimony received | |
| 6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040) | 38,120. |
| 7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040) | -3,000. |
| 8 Other gains or losses (attach a copy of federal Form 4797) | |
| 9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box | |
| 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box | |
| 11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040) | -49. |
| 12 Farm income or loss (attach a copy of federal Schedule F, Form 1040) | |
| 13 Unemployment compensation in excess of \$2,400 per recipient | |
| 14 Taxable amount of social security benefits (also enter on line 27) | |
| 15 Other income (see instrs) Identify: | |
| 16 Add lines 1 through 15 | 197,595. |
| 17 Total federal adjustments to income (see instructions) Identify: SEE STATEMENT 1 | 2,693. |
| 18 Federal adjusted gross income (subtract line 17 from line 16) | 194,902. |

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

KIRSTEN E. AND JONATHAN M.

Dollars

19 Federal adjusted gross income (from line 18 on page 1) 19. 194,902.

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. 194,902.

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 New York adjusted gross income (subtract line 32 from line 24) 33. 194,902.

Standard deduction or itemized deduction (see instructions)

34 Enter your **standard deduction** (from table below) or your **itemized deduction** (from worksheet below). Mark an X in the appropriate box: Standard or Itemized 34. 47,338.
 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank) 35. 147,564.
 36 Dependent exemptions (not the same as total federal exemptions; see instructions) 36. 2,000.
 37 Taxable income (subtract line 36 from line 35) 37. 145,564.

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 (federal Schedule A, line 4) | a. | |
| b Taxes you paid (federal Schedule A, line 9) | b. | 50,587. |
| b1 State, local, and foreign income taxes included in line b above | b1. | 32,378. |
| c Interest you paid (federal Schedule A, line 15) | c. | 23,057. |
| d Gifts to charity (federal Schedule A, line 19) | d. | 4,451. |
| e Casualty and theft losses (federal Schedule A, line 20) | e. | |
| f Job expenses/misc deductions (fed Sch A, line 27) | f. | 1,789. |
| g Other misc deductions (federal Sch A, line 28) | g. | |
| h Enter amount from federal Schedule A, line 29 | h. | 79,603. |
| i State, local, and foreign income taxes and other subtraction adjustments (see instrs) STATEMENT 2 | i. | 32,265. |
| j Subtract line i from line h | j. | 47,338. |
| k Addition adjustments (see instrs) | k. | |
| l Add lines j and k | l. | 47,338. |
| m Itemized deduction adjustment (see instructions) | m. | |
| n Subtract line m from line l | n. | 47,338. |
| o College tuition itemized deduction (see Form IT-272) | o. | |
| p New York State itemized deduction (add lines n and o; enter on line 34 above) | p. | 47,338. |

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

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KIRSTEN E. AND JONATHAN M. GILLIBRAND

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

| | | | |
|----|---|-----|----------|
| 38 | Taxable income (from line 37 on page 2) | 38. | 145,564. |
| 39 | New York State tax on line 38 amount (see Tax Computation in the instructions) | 39. | 9,971. |
| 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. | 9,971. |
| 45 | Net other New York State taxes (from Form IT-201-ATT, line 30; attach form) | 45. | |
| 46 | Total New York State taxes (add lines 44 and 45) | 46. | 9,971. |

New York City 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 | Total New York City and Yonkers taxes/surcharges (add lines 54 through 57) | 58. | |
| 59 | Sales or use tax (See the Instructions. Do not leave line 59 blank) | 59. | 78. |

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

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 | 9/11 Memorial | 60g. | |
| 60 | Total voluntary contributions (add lines 60a through 60g) | 60. | |
| 61 | Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60) | 61. | 10,049. |



Enter your social security number

KIRSTEN E. AND JONATHAN M. GILLIBRAND

62 Total New York State, New York City and Yonkers taxes, sales or use tax, and voluntary contributions (from line 61 on page 3) 62. 10,049.

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.
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209) 65.
66 NYS 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 NYC school tax credit (also complete (F) on page 1; see instrs) 69.
70 NYC 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. 10,519.
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. 5,000.
76 Total payments (add lines 63 through 75) 76. 15,559.

40. Forms IT-2, IT-1099-R, and/or IT-1099-UI must be completed and attached to your return (see instructions)

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.

Your refund / amount overpaid (see instructions)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77. 5,510.
78 Amount of line 77 that you want refunded to you. Complete line 82 to choose direct deposit. Refund 78. 3,510.
79 Amount of line 77 that you want applied to your 2010 estimated tax. (see instructions) 79. 2,000.

Choose direct deposit to avoid paper check refund delays.

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.

82 Account information (see instructions) Mark one: Refund - Direct deposit Owe - Electronic funds withdrawal
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see instructions)

82a Routing number Electronic funds withdrawal effective date

82b Account number 82c Account Type Checking Savings

Third-party designee? Print designee's name Designee's phone number Personal identification number (PIN)
(see instrs.) JONATHAN F. RUTNIK, CPA
Yes X No E-mail:

Paid preparer must complete (see instructions)

Taxpayer(s) must sign here

Preparer's signature

Date:

Your signature

Firm's name (or yours, if self-employed)

Preparer's NYTPRIN

Your occupation: US SENATOR

RUTNIK & CORR, P.C.

Preparer's SSN or PTIN

Spouse's signature and occupation (if joint return)

Address

Employer ID number

REAL ESTATE INVESTMENT

Daytime phone number

E-mail:

Mark X if self-employed

Date

E-mail:

See instructions for where to mail your return.

NYIA1334L 12/03/09

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

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

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

Taxpayer's first name and middle initial
KIRSTEN
Taxpayer's last name
E GILLIBRAND
Spouse's first name and middle initial
JONATHAN
Spouse's last name
M GILLIBRAND

▼ Your social security number
[REDACTED]
▼ 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

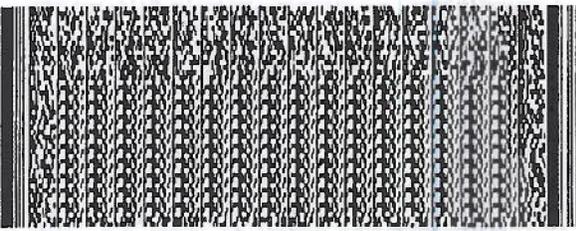
| | | | | |
|--|----------------------------------|------------------------|---------------------|--|
| Box b Employer identification number (EIN) [REDACTED] | Box 12a Amount | ▼ Code C | Box 15 State | Box 16 State wages, tips, etc (for NYS) |
| This W-2 record is for (mark an X in one box): Taxpayer <input checked="" type="checkbox"/> Spouse | Box 12b Amount | ▼ Code D | NY | 23,374. |
| Box 1 Wages, tips, other compensation 23,374. | Box 12c Amount | ▼ Code D | | Box 17 New York State income tax withheld 1,493. |
| Box 8 Allocated tips | Box 12d Amount | ▼ Code | Locality a | Box 18 Local wages, tips, etc (see instr) |
| | Box 13 Statutory employee | | Locality b | Box 19 Local income tax withheld |
| Box 9 Advance EIC payment | Box 14a Amount | ▼ Description OTHER | | Box 20 Locality name |
| Box 10 Dependent care benefits | Box 14b Amount | ▼ Description | Locality a | Locality b |
| Box 11 Nonqualified plans | Box 14c Amount | ▼ Description | Locality b | |

Corrected (W-2c)

Do not detach. **Box c** Employer's name and full address (including ZIP code)
W-2 Record 2 UNITED STATES SENATE
 HART OFFICE BUILDING WASHINGTON DC 20510-7104

| | | | | |
|--|----------------------------------|------------------------|---------------------|--|
| Box b Employer identification number (EIN) [REDACTED] | Box 12a Amount | ▼ Code D | Box 15 State | Box 16 State wages, tips, etc (for NYS) |
| This W-2 record is for (mark an X in one box): Taxpayer <input checked="" type="checkbox"/> Spouse | Box 12b Amount | ▼ Code D | NY | 138,761. |
| Box 1 Wages, tips, other compensation 138,761. | Box 12c Amount | ▼ Code | | Box 17 New York State income tax withheld 9,026. |
| Box 8 Allocated tips | Box 12d Amount | ▼ Code | Locality a | Box 18 Local wages, tips, etc (see instr) |
| | Box 13 Statutory employee | | Locality b | Box 19 Local income tax withheld |
| Box 9 Advance EIC payment | Box 14a Amount | ▼ Description OTHER | | Box 20 Locality name |
| Box 10 Dependent care benefits 5,000. | Box 14b Amount | ▼ Description | Locality a | Locality b |
| Box 11 Nonqualified plans | Box 14c Amount | ▼ Description | 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.



Claim for Child and Dependent Care Credit

New York State • New York City

2009

IT-216

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

Name(s) as shown on return

Your social security number

KIRSTEN E. AND JONATHAN M. GILLIBRAND

1 Have you already filed your 2009 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)

Table with 4 columns: A (Name), B (Address), C (Identifying number), D (Amount paid). Two rows of data with redacted information.

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.)

Table with 6 columns: A (First name and middle initial), B (Last name), C (Qualified expenses paid in 2009), D (Person with disability), E (Social security number), F (Year of birth). Rows for HENRY N and THEODORE I GILLIBRAND.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any 3a. 14,965.

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 1996, enter that child's birth month here. Include as qualified expenses only those paid from January 1, 2009, through the day preceding the child's 13th birthday

5 Enter the smallest of:

- line 3a above; or
- federal Form 2441, line 3; or
- 3,000 if one qualifying person, or 6,000 if two or more qualifying persons

6 Enter your earned income (see instructions) 6. 162,135.

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. 35,427.

8 Enter the smallest of line 5, 6, or 7 8. 1,000.

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 9. 194,902.

10 Enter the decimal amount that applies to the amount on line 9 from the 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. 200.

NYIA4212L 12/17/09

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

| | | | |
|----|--|-----|-----------------|
| 12 | Amount from line 11 | 12. | 200. |
| 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 | | 194,902. |
| | Use the <i>New York State child and dependent care credit limitation table</i> in the instructions to determine the decimal to be entered on this line | 13. | 0.200 |
| 14 | Multiply line 12 by the decimal amount on line 13. This is your New York State child and dependent care credit (<i>see instructions</i>) | 14. | 40. |

Part-year New York State residents

| | | | |
|----|---|-----|--|
| 15 | Enter the amount from Form IT-203, line 40 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. | 15. | |
| 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 (<i>if you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below.</i>) | 17. | |
| | If line 17 is equal to or more than line 16, 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 <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203 | 19. | |
| 20 | Enter the amount from line 18, Column A, of the <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203 | 20. | |
| 21 | Divide line 19 by line 20 (<i>round the result to the fourth decimal place</i>). This amount cannot exceed 100% (1.0000) | 21. | |
| 22 | Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. 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 2009 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, 2009 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 (<i>from Worksheet 1, line 7 or line 13</i>) | 24. | |
| 25 | Add lines 14 and 24 | 25. | |

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

| | | | |
|----|--|-----|--|
| 26 | Part-year New York City resident nonrefundable New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>) | 26. | |
| | IT-201 filers: Enter the line 26 amount on Form IT-201-ATT, line 9a | | |

IT-203 filers:

| | | | |
|--|--|-----|--|
| 27 | Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 8</i>); also enter this amount on Form IT-203, line 52b | 27. | |
| 28 | Refundable portion of your part-year New York City resident New York City child and dependent care credit (<i>from Worksheet 1, line 13</i>); also enter this amount on Form IT-203-ATT, line 9a | 28. | |
| 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. | |



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**STATEMENT 1
FORM IT-201, LINE 17
ADJUSTMENTS TO INCOME**

| | | |
|--------------------------------------|----|---------------|
| ONE HALF OF SELF-EMPLOYMENT TAX..... | \$ | 2,693. |
| TOTAL | \$ | <u>2,693.</u> |

**STATEMENT 2
FORM IT-201, ITEMIZED DEDUCTION WORKSHEET, LINE I
STATE, LOCAL, FOREIGN TAX, OTHER SUBTRACTIONS**

| | | |
|--|----|----------------|
| STATE, LOCAL, AND FOREIGN TAXES..... | \$ | 32,378. |
| ADJUSTMENT FROM SUBTRACTION ADJUSTMENT LIMITATION WORKSHEET..... | | -113. |
| TOTAL | \$ | <u>32,265.</u> |