

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning \_\_\_\_\_, ending \_\_\_\_\_ See separate instructions.

Your first name <b>Kirsten</b>	M.I. <b>E</b>	Last name <b>Gillibrand</b>	Suffix	Your social security number [REDACTED]
If a joint return, spouse's first name <b>Jonathan</b>	M.I.	Last name <b>Gillibrand</b>	Suffix	Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name Foreign province/state/county Foreign postal code

**Presidential Election Campaign**  
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**

1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and 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

Check only one box.

First name	Last name	SSN
------------	-----------	-----

**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 child under age 17 qualifying for child tax credit (see instructions)	
(1) First name	Last name				
Theodore	Gillibrand	[REDACTED]	Son	<input checked="" type="checkbox"/>	
Henry	Gillibrand	[REDACTED]	Son	<input checked="" type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

If more than four dependents, see instructions and check here

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 instructions): **0**  
 Dependents on 6c not entered above: **0**  
 Add numbers on lines above: **4**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7** 364,891  
 8a Taxable interest. Attach Schedule B if required **8a** 81  
 b Tax-exempt interest. Do not include on line 8a **8b**  
 9a Ordinary dividends. Attach Schedule B if required **9a**  
 b Qualified dividends **9b**  
 10 Taxable refunds, credits, or offsets of state and local income taxes **10**  
 11 Alimony received **11**  
 12 Business income or (loss). Attach Schedule C or C-EZ **12**  
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here  **13** -3,000  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** **15b** Taxable amount  
 16a Pensions and annuities **16a** **16b** Taxable amount  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**  
 18 Farm income or (loss). Attach Schedule F **18**  
 19 Unemployment compensation **19**  
 20a Social security benefits **20a** **20b** Taxable amount **20b** 0  
 21 Other income. List type and amount **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** 361,972

**Adjusted Gross Income**

23 Educator expenses **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 Deductible part of self-employment tax. Attach Schedule SE **27**  
 28 Self-employed SEP, SIMPLE, and qualified plans **28**  
 29 Self-employed health insurance deduction **29**  
 30 Penalty on early withdrawal of savings **30**  
 31a Alimony paid **31a** **31b** Recipient's SSN  
 32 IRA deduction **32**  
 33 Student loan interest deduction **33**  
 34 Tuition and fees. Attach Form 8917 **34**  
 35 Domestic production activities deduction. Attach Form 8903 **35**  
 36 Add lines 23 through 31a and 32 through 35 **36**  
 37 Subtract line 36 from line 22. This is your adjusted gross income **37** 361,972

Tax and Credits

38 Amount from line 37 (adjusted gross income). 38 361,972

39a Check  You were born before January 2, 1949,  Blind. Total boxes checked  39a

if:  Spouse was born before January 2, 1949,  Blind.

b If your spouse itemizes on a separate return or you were a dual-status alien, check here.  39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 43,567

41 Subtract line 40 from line 38 41 318,405

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions 42 7,800

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 310,605

44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  44 78,813

45 Alternative minimum tax (see instructions). Attach Form 6251 45 9,928

46 Add lines 44 and 45 46 88,741

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48 1,200

49 Education credits from Form 8863, line 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a  3800 b  8801 c  53

54 Add lines 47 through 53. These are your total credits 54 1,200

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 87,541

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form. a  4137 b  8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a 330

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 60 1,060

61 Add lines 55 through 60. This is your total tax 61 88,931

Payments

62 Federal income tax withheld from Forms W-2 and 1099 62 83,655

63 2013 estimated tax payments and amount applied from 2012 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a  2439 b  Reserved c  8885 d  71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72 83,655

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here.  74a

b Routing number  c Type:  Checking  Savings

d Account number

75 Amount of line 73 you want applied to your 2014 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76 5,276

77 Estimated tax penalty (see instructions) 77

Third Party Designee

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

Designee's name  Jonathan Rutnik CPA Phone no.  Personal identification number (PIN)

Sign Here

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

Your signature  Date  Your occupation  Daytime phone number

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name  Jonathan Rutnik CPA Preparer's signature  Date  4/8/2014 Check  if self-employed PTIN

Firm's name  Rutnik & Co. Firm's EIN

Firm's address  Phone no.



**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2013**

Department of the Treasury  
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**  
▶ Information about Schedule D and its separate instructions is at [www.irs.gov/scheduled](http://www.irs.gov/scheduled).  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Attachment  
Sequence No. **12**

Name(s) shown on return

Your social security number

Kirsten E and Jonathan Gillibrand

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.				0
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.				<b>4</b>
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				<b>5</b>
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.				<b>6</b> ( 29,610)
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back.				<b>7</b> -29,610

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.				0
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.				0
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.				<b>11</b>
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1.				<b>12</b>
<b>13</b> Capital gain distributions. See the instructions.				<b>13</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions.				<b>14</b> ( 1,755)
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on the back.				<b>15</b> -1,755

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

Schedule D (Form 1040) 2013

**Part III Summary**

<p><b>16</b> Combine lines 7 and 15 and enter the result . . . . .</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>	<b>16</b>	-31,365
<p><b>17</b> Are lines 15 and 16 <b>both</b> gains?</p> <p><input type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
<p><b>18</b> Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions . . . . . ▶</p>	<b>18</b>	
<p><b>19</b> Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions . . . . . ▶</p>	<b>19</b>	
<p><b>20</b> Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p><b>21</b> If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } . . . . .</li> </ul> <p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>	<b>21</b>	( 3,000)
<p><b>22</b> Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input checked="" type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		

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

Your social security number

Kirsten E and Jonathan 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, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [ ] Yes [X] 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], [ ]

Table with 5 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. Includes totals for 29a, 29b, 30, 31, and 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals for 34a, 34b, 35, 36, and 37.

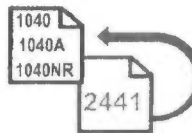
Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

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. Includes line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Includes lines 40 (Net farm rental income), 41 (Total income or loss), 42 (Reconciliation of farming and fishing income), and 43 (Reconciliation for real estate professionals).

**Child and Dependent Care Expenses**



Department of the Treasury  
Internal Revenue Service 991  
Name(s) shown on return

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.  
▶ Information about Form 2441 and its separate instructions is at [www.irs.gov/form2441](http://www.irs.gov/form2441).

Your social security number

Kirsten E and Jonathan 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 (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
	Capital Hill Day School	[REDACTED]	[REDACTED]	9,666

Did you receive dependent care benefits?  No  Yes

**No** → Complete only Part II below.  
**Yes** → Complete Part III on the back 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 59a, or Form 1040NR, line 58a.

**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 2013 for the person listed in column (a)
First	Last		
Theodore	Gillibrand	[REDACTED]	5,062
Henry	Gillibrand	[REDACTED]	4,604

<b>3</b> Add the amounts in column (c) of line 2. <b>Do not</b> 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 31 . . . . .	<b>3</b>	6,000																																												
<b>4</b> Enter your <b>earned income</b> . See instructions . . . . .	<b>4</b>	164,891																																												
<b>5</b> If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); <b>all others</b> , enter the amount from line 4 . . . . .	<b>5</b>	200,000																																												
<b>6</b> Enter the <b>smallest</b> of line 3, 4, or 5 . . . . .	<b>6</b>	6,000																																												
<b>7</b> Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 . . . . .	<b>7</b>	361,972																																												
<b>8</b> Enter on line 8 the decimal amount shown below that applies to the amount on line 7	<b>8</b>	X 0.20																																												
<table border="0"> <tr> <td colspan="2">If line 7 is:</td> <td colspan="2">If line 7 is:</td> </tr> <tr> <td><b>Over</b></td> <td><b>But not over</b></td> <td><b>Over</b></td> <td><b>But not over</b></td> </tr> <tr> <td></td> <td><b>Decimal amount is</b></td> <td></td> <td><b>Decimal amount is</b></td> </tr> <tr> <td>\$0—15,000</td> <td>.35</td> <td>\$29,000—31,000</td> <td>.27</td> </tr> <tr> <td>15,000—17,000</td> <td>.34</td> <td>31,000—33,000</td> <td>.26</td> </tr> <tr> <td>17,000—19,000</td> <td>.33</td> <td>33,000—35,000</td> <td>.25</td> </tr> <tr> <td>19,000—21,000</td> <td>.32</td> <td>35,000—37,000</td> <td>.24</td> </tr> <tr> <td>21,000—23,000</td> <td>.31</td> <td>37,000—39,000</td> <td>.23</td> </tr> <tr> <td>23,000—25,000</td> <td>.30</td> <td>39,000—41,000</td> <td>.22</td> </tr> <tr> <td>25,000—27,000</td> <td>.29</td> <td>41,000—43,000</td> <td>.21</td> </tr> <tr> <td>27,000—29,000</td> <td>.28</td> <td>43,000—No limit</td> <td>.20</td> </tr> </table>	If line 7 is:		If line 7 is:		<b>Over</b>	<b>But not over</b>	<b>Over</b>	<b>But not over</b>		<b>Decimal amount is</b>		<b>Decimal amount is</b>	\$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		
If line 7 is:		If line 7 is:																																												
<b>Over</b>	<b>But not over</b>	<b>Over</b>	<b>But not over</b>																																											
	<b>Decimal amount is</b>		<b>Decimal amount is</b>																																											
\$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																																											
<b>9</b> Multiply line 6 by the decimal amount on line 8. If you paid 2012 expenses in 2013, see the instructions . . . . .	<b>9</b>	1,200																																												
<b>10</b> Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions . . . . .	<b>10</b>	88,741																																												
<b>11</b> <b>Credit for child and dependent care expenses.</b> Enter the <b>smaller</b> of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46 . . . . .	<b>11</b>	1,200																																												

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

**Part III Dependent Care Benefits**

12	Enter the total amount of <b>dependent care benefits</b> you received in 2013. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. <b>Do not</b> 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 . . . . .	12	
13	Enter the amount, if any, you carried over from 2012 and used in 2013 during the grace period. See instructions . . . . .	13	
14	Enter the amount, if any, you forfeited or carried forward to 2014. See instructions . . . . .	14	( )
15	Combine lines 12 through 14. See instructions . . . . .	15	0
16	Enter the total amount of <b>qualified expenses</b> incurred in 2013 for the care of the <b>qualifying person(s)</b> . . . . .	16	
17	Enter the <b>smaller</b> of line 15 or 16 . . . . .	17	0
18	Enter your <b>earned income</b> . See instructions . . . . .	18	
19	Enter the amount shown below that applies to you. <ul style="list-style-type: none"> <li>• If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions for line 5).</li> <li>• If married filing separately, see instructions.</li> <li>• All others, enter the amount from line 18</li> </ul>	19	
20	Enter the <b>smallest</b> of line 17, 18, or 19 . . . . .	20	0
21	Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19) . . . . .	21	5,000
22	Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25.) <input checked="" type="checkbox"/> <b>No.</b> Enter -0-. <input type="checkbox"/> <b>Yes.</b> Enter the amount here . . . . .	22	0
23	Subtract line 22 from line 15 . . . . .	23	0
24	<b>Deductible benefits.</b> Enter the <b>smallest</b> of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions . . . . .	24	0
25	<b>Excluded benefits. Form 1040 and 1040NR filers:</b> If you checked "No" on line 22, enter the smaller of line 20 or 21. Otherwise, subtract line 24 from the smaller of line 20 or line 21. If zero or less, enter -0-. <b>Form 1040A filers:</b> Enter the <b>smaller</b> of line 20 or line 21 . . . . .	25	0
26	<b>Taxable benefits. Form 1040 and 1040NR filers:</b> Subtract line 25 from line 23. 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." <b>Form 1040A filers:</b> Subtract line 25 from line 15. Also, include this amount on Form 1040A, line 7. In the space to the left of line 7, enter "DCB"	26	0

To claim the child and dependent care credit, complete lines 27 through 31 below.

27	Enter \$3,000 (\$6,000 if two or more qualifying persons) . . . . .	27	0
28	<b>Form 1040 and 1040NR filers:</b> Add lines 24 and 25. <b>Form 1040A filers:</b> Enter the amount from line 25 . . . . .	28	0
29	Subtract line 28 from line 27. If zero or less, <b>stop.</b> You cannot take the credit. <b>Exception.</b> If you paid 2012 expenses in 2013, see the instructions for line 9 . . . . .	29	0
30	Complete line 2 on the front of this form. <b>Do not</b> include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here . . . . .	30	0
31	Enter the <b>smaller</b> of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11 . . . . .	31	0



**Alternative Minimum Tax—Individuals**

Department of the Treasury  
Internal Revenue Service (99)

Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).

Attachment  
Sequence No. **32**

Attach to Form 1040 or Form 1040NR.

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

Your social security number

Kirsten E and Jonathan Gillibrand

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	318,405
2	Medical and dental. If you or your spouse was 65 or older, enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0
3	Taxes from Schedule A (Form 1040), line 9	3	42,676
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line.	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	
6	If Form 1040, line 38, is \$150,000 or less, enter -0-. Otherwise, see instructions	6	( 1,859 )
7	Tax refund from Form 1040, line 10 or line 21	7	( )
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount.	10	
11	Alternative tax net operating loss deduction	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	<b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$238,550, see instructions.)	28	359,222

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

29	Exemption. (If you were under age 24 at the end of 2013, see instructions.)			
	<b>IF your filing status is . . . AND line 28 is not over . . . THEN enter on line 29 . . .</b>			
	Single or head of household . . . . . \$115,400 . . . . . \$51,900	}	29	
	Married filing jointly or qualifying widow(er) . . . . . 153,900 . . . . . 80,800			
	Married filing separately . . . . . 76,950 . . . . . 40,400			
	If line 28 is <b>over</b> the amount shown above for your filing status, see instructions.		29,469	
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34.	30	329,753	
31	<ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 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 the back and enter the amount from line 60 here.</li> <li><b>All others:</b> If line 30 is \$179,500 or less (\$89,750 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,590 (\$1,795 if married filing separately) from the result.</li> </ul>	}	31	
32	Alternative minimum tax foreign tax credit (see instructions)			
33	Tentative minimum tax. Subtract line 32 from line 31.			33
34	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).	34	78,813	
35	<b>AMT.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	9,928	

**SCHEDULE H  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)  
Name of employer

**Household Employment Taxes**

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

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

▶ Information about Schedule H and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

OMB No. 1545-1971

**2013**

Attachment  
Sequence No. **44**

Social security number

Employer identification number

Jonathan Gillibrand

Calendar year taxpayers having no household employees in 2013 do not have to complete this form for 2013.

**A** Did you pay **any one** household employee cash wages of \$1,800 or more in 2013? (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 2013 for any household employee?

**Yes.** Skip line C and go to line 7.

**No.** Go to line C.

**C** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2012 or 2013 to **all** household employees? (Do not count cash wages paid in 2012 or 2013 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.

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

1	Total cash wages subject to social security tax . . . . .	1	2,160	00		
2	Social security tax. Multiply line 1 by 12.4% (.124) . . . . .				267	84
3	Total cash wages subject to Medicare tax . . . . .	3	2,160	00		
4	Medicare tax. Multiply line 3 by 2.9% (.029) . . . . .				62	64
5	Total cash wages subject to Additional Medicare Tax withholding . . . . .	5				
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009) . . . . .				0	00
7	Federal income tax withheld, if any . . . . .					
8	<b>Total social security, Medicare, and federal income taxes.</b> Add lines 2, 4, 6, and 7 . . . . .				330	48

**9** Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2012 or 2013 to **all** household employees? (Do not count cash wages paid in 2012 or 2013 to your spouse, your child under age 21, or your parent.)

**No.** Stop. Include the amount from line 8 above on Form 1040, line 59a. If you are not required to file Form 1040, see the line 9 instructions.

**Yes.** Go to line 10.

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

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")		
11 Did you pay all state unemployment contributions for 2013 by April 15, 2014? Fiscal year filers see instructions		
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?		

**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 Contributions paid to your state unemployment fund	14	
15 Total cash wages subject to FUTA tax	15	
16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25.	16	0 00

**Section B**

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

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					
					0.00	0.00	0.00	
					0.00	0.00	0.00	
					0.00	0.00	0.00	
					0.00	0.00	0.00	
18 Totals						18	0.00	0.00
19 Add columns (g) and (h) of line 18.						19	0 00	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)						20		
21 Multiply line 20 by 6.0% (.060)						21		0 00
22 Multiply line 20 by 5.4% (.054)						22	0 00	
23 Enter the <b>smaller</b> of line 19 or line 22. (Employers in a credit reduction state must use the worksheet on page H-7 and check here) <input type="checkbox"/>						23		0 00
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25.						24		0 00

**Part III Total Household Employment Taxes**

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	330	48
26 Add line 16 (or line 24) and line 25.	26	330	48
27 Are you required to file Form 1040? <input type="checkbox"/> <b>Yes.</b> Stop. Include the amount from line 26 above on Form 1040, line 59a. Do not complete Part IV below. <input type="checkbox"/> <b>No.</b> You may have to complete Part IV. See instructions for details.			

**Part IV Address and Signature—Complete this part only if required. See the line 27 instructions.**

Address (number and street) or P.O. box if mail is not delivered to street address \_\_\_\_\_ Apt., room, or suite no. \_\_\_\_\_

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 _____	
Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
Firm's name	Firm's EIN	PTIN	
Firm's address	Phone no.		

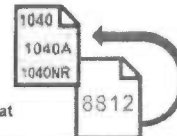
**Paid Preparer Use Only**

**SCHEDULE 8812**  
**(Form 1040A**  
**or 1040)**

Department of the Treasury  
Internal Revenue Service (99)

# Child Tax Credit

- ▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
- ▶ Information about Schedule 8812 and its separate instructions is at [www.irs.gov/schedule8812](http://www.irs.gov/schedule8812).



OMB No. 1545-0074

**2013**

Attachment  
Sequence No. 47

Name(s) shown on return

Your social security number

Kirsten E and Jonathan Gillibrand

**Part I Filers Who Have Certain Child Dependent(s) with an ITIN (Individual Taxpayer Identification Number)**



Complete this part only for each dependent who has an ITIN and for whom you are claiming the child tax credit. If your dependent does not qualify for the credit, you cannot include that dependent in the calculation of this credit.

Answer the following questions for each dependent listed on Form 1040, line 6c; Form 1040A, line 6c; or Form 1040NR, line 7c, who has an ITIN (Individual Taxpayer Identification Number) and that you indicated qualified for the child tax credit by checking column (4) for that dependent.

- A** For the first dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- Yes  No
- B** For the second dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- Yes  No
- C** For the third dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- Yes  No
- D** For the fourth dependent identified with an ITIN and listed as a qualifying child for the child tax credit, did this child meet the substantial presence test? See separate instructions.
- Yes  No

**Note.** If you have more than four dependents identified with an ITIN and listed as a qualifying child for the child tax credit, see the instructions and check here

**Part II Additional Child Tax Credit Filers**

<b>1</b>	<b>1040 filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040, line 51).	}		
	<b>1040A filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040A, line 33).		1	
	<b>1040NR filers:</b> Enter the amount from line 6 of your Child Tax Credit Worksheet (see the Instructions for Form 1040NR, line 48).			
	If you used Pub. 972, enter the amount from line 8 of the Child Tax Credit Worksheet in the publication.			
<b>2</b>	Enter the amount from Form 1040, line 51; Form 1040A, line 33; or Form 1040NR, line 48		2	
<b>3</b>	Subtract line 2 from line 1. If zero, <b>stop</b> ; you cannot take this credit		3	0
<b>4 a</b>	Earned income (see separate instructions)	4a		
<b>b</b>	Nontaxable combat pay (see separate instructions)	4b		
<b>5</b>	Is the amount on line 4a more than \$3,000?			
	<input checked="" type="checkbox"/> <b>No.</b> Leave line 5 blank and enter -0- on line 6.			
	<input type="checkbox"/> <b>Yes.</b> Subtract \$3,000 from the amount on line 4a. Enter the result	5		
<b>6</b>	Multiply the amount on line 5 by 15% (.15) and enter the result		6	0
	<b>Next.</b> Do you have three or more qualifying children?			
	<input checked="" type="checkbox"/> <b>No.</b> If line 6 is zero, stop; you cannot take this credit. Otherwise, skip Part III and enter the <b>smaller</b> of line 3 or line 6 on line 13.			
	<input type="checkbox"/> <b>Yes.</b> If line 6 is equal to or more than line 3, skip Part III and enter the amount from line 3 on line 13. Otherwise, go to line 7.			

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

<b>7</b>	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see separate instructions . . . . .				
<b>8</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 27 and 57, plus any taxes that you identified using code "UT" and entered on line 60.				
	<b>1040A filers:</b> Enter -0-.				
	<b>1040NR filers:</b> Enter the total of the amounts from Form 1040NR, lines 27 and 55, plus any taxes that you identified using code "UT" and entered on line 59.				
<b>9</b>	Add lines 7 and 8 . . . . .			0	
<b>10</b>	<b>1040 filers:</b> Enter the total of the amounts from Form 1040, lines 64a and 69.				
	<b>1040A filers:</b> Enter the total of the amount from Form 1040A, line 38a, plus any excess social security and tier 1 RRTA taxes withheld that you entered to the left of line 41 (see separate instructions).				
	<b>1040NR filers:</b> Enter the amount from Form 1040NR, line 65.				
<b>11</b>	Subtract line 10 from line 9. If zero or less, enter -0-				0
<b>12</b>	Enter the <b>larger</b> of line 6 or line 11 . . . . . Next, enter the <b>smaller</b> of line 3 or line 12 on line 13.				0

**Part IV Additional Child Tax Credit**

<b>13</b>	This is your additional child tax credit . . . . .				0
-----------	--	--	--	--	---

<b>1040</b>	Enter this amount on Form 1040, line 65.
<b>1040A</b>	Form 1040A, line 39, or
<b>1040NR</b>	Form 1040NR, line 63.

←

# Passive Activity Loss Limitations

Department of the Treasury  
Internal Revenue Service (99)

▶ See separate instructions.  
▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at [www.irs.gov/form8582](http://www.irs.gov/form8582).

Attachment  
Sequence No. **88**

Name(s) shown on return

Identifying number

Kirsten E and Jonathan Gillibrand

## Part I 2013 Passive Activity Loss

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

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

- 1a Activities with net income (enter the amount from Worksheet 1, column (a))
- 1b Activities with net loss (enter the amount from Worksheet 1, column (b))
- 1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))
- 1d Combine lines 1a, 1b, and 1c.

1a			
1b	( )		
1c	( )		
1d			0

**Commercial Revitalization Deductions From Rental Real Estate Activities**

- 2a Commercial revitalization deductions from Worksheet 2, column (a)
- 2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)
- 2c Add lines 2a and 2b.

2a	( )		
2b	( )		
2c	( )		

**All Other Passive Activities**

- 3a Activities with net income (enter the amount from Worksheet 3, column (a))
- 3b Activities with net loss (enter the amount from Worksheet 3, column (b))
- 3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))
- 3d Combine lines 3a, 3b, and 3c.

3a			
3b	( 92)		
3c	( 84)		
3d	( )		176

- 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used.

4	( )		176
---	-----	--	-----

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
  - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
  - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

**Caution:** If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not complete Part II or Part III. Instead, go to line 15.**

## Part II Special Allowance for Rental Real Estate Activities With Active Participation

**Note:** Enter all numbers in Part II as positive amounts. See instructions for an example.

- 5 Enter the **smaller** of the loss on line 1d or the loss on line 4.
- 6 Enter \$150,000. If married filing separately, see instructions.
- 7 Enter modified adjusted gross income, but not less than zero (see instructions).  
**Note:** If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.
- 8 Subtract line 7 from line 6.
- 9 Multiply line 8 by 50% (.5). **Do not** enter more than \$25,000. If married filing separately, see instructions.
- 10 Enter the **smaller** of line 5 or line 9.

5			0
6			
7	0		
8	0		
9			0
10			0

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

## Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

- 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions.
- 12 Enter the loss from line 4.
- 13 Reduce line 12 by the amount on line 10.
- 14 Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13.

11			0
12			0
13			0
14			0

## Part IV Total Losses Allowed

- 15 Add the income, if any, on lines 1a and 3a and enter the total.
- 16 **Total losses allowed from all passive activities for 2013.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return.

15			0
16			0

**Caution:** The worksheets must be filed with your tax return. Keep a copy for your records.

**Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
<b>Total.</b> Enter on Form 8582, lines 1a, 1b, and 1c	0	0	0		

**Worksheet 2—For Form 8582, Lines 2a and 2b** (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
<b>Total.</b> Enter on Form 8582, lines 2a and 2b	0	0	

**Worksheet 3—For Form 8582, Lines 3a, 3b, and 3c** (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
K-1 (1065): Wind Crest LLC		92	84		176
<b>Total.</b> Enter on Form 8582, lines 3a, 3b, and 3c	0	92	84		

**Worksheet 4—Use this worksheet if an amount is shown on Form 8582, line 10 or 14** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
<b>Total</b>		0	1.00	0	0

**Worksheet 5—Allocation of Unallowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
K-1 (1065): Wind Crest LLC	1065 K-1, #1	176	1.000000	176
<b>Total</b>		176	1.00	176

**Worksheet 6—Allowed Losses** (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
<b>Total</b>	▶	0	0	0

**Worksheet 7—Activities With Losses Reported on Two or More Forms or Schedules** (See instructions.)

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
<b>Form or schedule and line number to be reported on (see instructions):</b>					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . . . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . . . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Form or schedule and line number to be reported on (see instructions):</b>					
<b>1a</b> Net loss plus prior year unallowed loss from form or schedule . . . ▶					
<b>b</b> Net income from form or schedule . . . . . ▶					
<b>c</b> Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
<b>Total</b>	▶	0	1.00	0	0



**Additional Medicare Tax**

Department of the Treasury  
Internal Revenue Service

- ▶ If any line does not apply to you, leave it blank. See separate instructions.
- ▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
- ▶ Information about Form 8959 and its instructions is at [www.irs.gov/form8959](http://www.irs.gov/form8959).

Attachment  
Sequence No. 71

Name(s) shown on Form 1040

Your social security number

Kirsten E and Jonathan Gillibrand

[REDACTED]

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 . . . . .	1	367,725	
2	Unreported tips from Form 4137, line 6 . . . . .	2		
3	Wages from Form 8919, line 6 . . . . .	3		
4	Add lines 1 through 3 . . . . .	4	367,725	
5	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000	
6	Subtract line 5 from line 4. If the result is zero or less, enter -0- . . . . .	6		117,725
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II . . . . .	7		1,060

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9		
10	Enter the amount from line 4 . . . . .	10	367,725	
11	Subtract line 10 from line 9. If zero or less, enter -0- . . . . .	11	0	
12	Subtract line 11 from line 8. If the result is zero or less, enter -0- . . . . .	12		0
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III . . . . .	13		0

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RTTA) Compensation**

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) . . . . .	14		
15	Enter the following amount for your filing status: Married filing jointly . . . . . \$250,000 Married filing separately . . . . . \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0- . . . . .	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV . . . . .	17		0

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 60. (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V . . . . .	18		1,060
----	--	----	--	-------

**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 . . . . .	19	5,332	
20	Enter the amount from line 1 . . . . .	20	367,725	
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages . . . . .	21	5,332	
22	Subtract line 21 from line 19. This is your Additional Medicare Tax withholding on Medicare wages . . . . .	22		0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 . . . . .	23		
24	<b>Total Additional Medicare Tax withholding.</b> Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 62 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) . . . . .	24		0

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

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1041.

▶ Information about Form 8960 and its separate instructions is at [www.irs.gov/form8960](http://www.irs.gov/form8960).

Name(s) shown on Form 1040 or Form 1041

Kirsten E and Jonathan Gillibrand

Your social security number or EIN

**Part I Investment Income**  Section 6013(g) election (see instructions)  
 Regulations section 1.1411-10(g) election (see instructions)

<b>1</b>	Taxable interest (Form 1040, line 8a; or Form 1041, line 1)	<b>1</b>	81
<b>2</b>	Ordinary dividends (Form 1040, line 9a; or Form 1041, line 2a)	<b>2</b>	
<b>3</b>	Annuities from nonqualified plans (see instructions)	<b>3</b>	
<b>4a</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Form 1040, line 17; or Form 1041, line 5)		
<b>b</b>	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)		
<b>4c</b>	Combine lines 4a and 4b	<b>4c</b>	
<b>5a</b>	Net gain or loss from disposition of property from Form 1040, combine lines 13 and 14; or from Form 1041, combine lines 4 and 7	<b>5a</b>	-3,000
<b>b</b>	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	<b>5b</b>	
<b>c</b>	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	<b>5c</b>	
<b>d</b>	Combine lines 5a through 5c	<b>5d</b>	-3,000
<b>6</b>	Changes to investment income for certain CFCs and PFICs (see instructions)	<b>6</b>	
<b>7</b>	Other modifications to investment income (see instructions)	<b>7</b>	
<b>8</b>	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	<b>8</b>	-2,919

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

<b>12</b>	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-	<b>12</b>	0
<b>Individuals:</b>			
<b>13</b>	Modified adjusted gross income (see instructions)	<b>13</b>	361,972
<b>14</b>	Threshold based on filing status (see instructions)	<b>14</b>	250,000
<b>15</b>	Subtract line 14 from line 13. If zero or less, enter -0-	<b>15</b>	111,972
<b>16</b>	Enter the smaller of line 12 or line 15	<b>16</b>	0
<b>17</b>	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and on Form 1040, line 60.	<b>17</b>	0
<b>Estates and Trusts:</b>			
<b>18a</b>	Net investment income (line 12 above)	<b>18a</b>	
<b>b</b>	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	<b>18b</b>	
<b>c</b>	Undistributed net investment income. Subtract line 18b from 18a (see instructions)	<b>18c</b>	
<b>19a</b>	Adjusted gross income (see instructions)	<b>19a</b>	
<b>b</b>	Highest tax bracket for estates and trusts for the year (see instructions)	<b>19b</b>	
<b>c</b>	Subtract line 19b from line 19a. If zero or less, enter -0-	<b>19c</b>	0
<b>20</b>	Enter the smaller of line 18c or line 19c	<b>20</b>	0
<b>21</b>	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and on Form 1041, Schedule G, line 4	<b>21</b>	0

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

# Resident Income Tax Return

New York State • New York City • Yonkers

# IT-201

2013

For the full year January 1, 2013, through December 31, 2013, or fiscal year beginning ..... **13**  
and ending .....

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

Your first name and middle initial KIRSTEN E	Your last name (for a joint return, enter spouse's name on line below) GILLIBRAND	Your date of birth (mm-dd-yyyy) 12-09-1966	Your social security number [REDACTED]
Spouse's first name and middle initial JONATHAN	Spouse's last name GILLIBRAND	Spouse's date of birth (mm-dd-yyyy) 08-15-1969	Spouse's social security number [REDACTED]
Mailing address (see instructions, page 12) (number and street or rural route) [REDACTED]		Apartment number	New York State county of residence RENSELAER
City, village, or post office [REDACTED]	State NY	ZIP code	School district name WYNANTSKILL
Taxpayer's permanent home address (see instructions, page 12) (number and street or rural route) [REDACTED]		Apartment number	School district code number 713
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  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

- B** Did you itemize your deductions on your 2013 federal income tax return? Yes  No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes  No

**D** Did you have a financial account located in a foreign country? (see page 13) Yes  No

**E** (1) Did you or your spouse maintain living quarters in NYC during 2013? (see page 13) Yes  No   
(2) Enter the number of days spent in NYC in 2013 (any part of a day spent in NYC is considered a day) [REDACTED]

**F NYC residents and NYC part-year residents only** (see page 13):  
(1) Number of months you lived in NYC in 2013 [REDACTED]  
(2) Number of months your spouse lived in NYC in 2013 [REDACTED]

**G** Enter your 2-character special condition code if applicable (see page 13) [REDACTED]  
If applicable, also enter your second 2-character special condition code [REDACTED]

**H Dependent exemption information** (see page 14)

First name and middle initial	Last name	Relationship	Social security number	Date of birth (mm-dd-yyyy)
THEODORE I	GILLIBRAND	SON	[REDACTED]	[REDACTED]
HENRY N	GILLIBRAND	SON	[REDACTED]	[REDACTED]

If more than 9 dependents, mark an X in the box.

201001131833



Your social security number  
XXXXXXXXXX

**Federal income and adjustments** (see page 14)

Whole dollars only

1	Wages, salaries, tips, etc.	1	364,891.
2	Taxable interest income	2	81.
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 (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-3,000.
8	Other gains or losses (submit a copy of federal Form 4797)	8	
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	
12	Rental real estate included in line 11	12	
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	
14	Unemployment compensation	14	
15	Taxable amount of social security benefits (also enter on line 27)	15	
16	Other income (see page 14) Identify:	16	
17	Add lines 1 through 11 and 13 through 16	17	361,972.
18	Total federal adjustments to income (see page 14) Identify:	18	
19	<b>Federal adjusted gross income</b> (subtract line 18 from line 17)	19	361,972.

**New York additions** (see page 14)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 15)	21	
22	New York's 529 college savings program distributions (see page 15)	22	
23	Other (see page 16) Identify:	23	
24	Add lines 19 through 23	24	361,972.

**New York subtractions** (see page 19)

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 page 19)	26	
27	Taxable amount of social security benefits (from line 15)	27	
28	Interest income on U.S. government bonds	28	
29	Pension and annuity income exclusion (see page 19)	29	
30	New York's 529 college savings program deduction/earnings	30	
31	Other (see page 20) Identify:	31	
32	Add lines 25 through 31	32	
33	<b>New York adjusted gross income</b> (subtract line 32 from line 24)	33	361,972.

**Standard deduction or itemized deduction** (see page 24)

34	Enter your <b>standard deduction</b> (table on page 24) or your <b>itemized deduction</b> (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> <b>Standard</b> -or- <input type="checkbox"/> <b>Itemized</b>	34	15,400.
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	346,572.
36	Dependent exemptions (not the same as total federal exemptions; see page 24)	36	2,000.
37	<b>Taxable income</b> (subtract line 36 from line 35)	37	344,572.

201002131833



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

Your social security number  
 [REDACTED]

**Tax computation, credits, and other taxes** (see page 25)

38	Taxable income (from line 37 on page 2)	38	344,572.
39	NYS tax on line 38 amount (see page 25 and Tax computation on pages 57, 58, and 59)	39	23,603.
40	NYS household credit (page 25, table 1, 2, or 3)	40	
41	Resident credit (see page 26)	41	
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	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	23,603.
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	
46	Total New York State taxes (add lines 44 and 45)	46	23,603.

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

47	NYC resident tax on line 38 amount (see page 26)	47	
48	NYC household credit (page 26, table 4, 5, or 6)	48	
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	
50	Part-year NYC resident tax (Form IT-360 1)	50	6,622.
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	
52	Add lines 49, 50, and 51	52	6,622.
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	6,622.
55	Yonkers resident income tax surcharge (see page 28)	55	
56	Yonkers nonresident earnings tax (Form Y-203)	56	
57	Part-year Yonkers resident income tax surcharge (Form IT-360 1)	57	
58	Total New York City and Yonkers taxes / surcharges (add lines 54 through 57)	58	6,622.
59	Sales or use tax (see page 29; do not leave line 59 blank)	59	167.

See instructions on pages 26, 27, and 28 to compute New York City and Yonkers taxes, credits, and tax surcharges.

**Voluntary contributions** (see page 30)

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 page 30)	60e	
60f	Prostate Cancer Research Fund	60f	
60g	9/11 Memorial	60g	
60h	Volunteer Firefighting & EMS Recruitment Fund	60h	
60i	Teen Health Education	60i	
60j	Veterans Remembrance	60j	
60	Total voluntary contributions (add lines 60a through 60j)	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	30,392.

201003131833



Your social security number  
[REDACTED]

62 Enter amount from line 61 ..... 62 30,392.

**Payments and refundable credits** (see page 31)

63	Empire State child credit .....	63	
64	NYS/ NYC child and dependent care credit .....	64	240.
65	NYS earned income credit (EIC) .....	65	
66	NYS noncustodial parent EIC .....	66	
67	Real property tax credit .....	67	
68	College tuition credit .....	68	
69	NYC school tax credit (also complete F on page 1; see page 31) .....	69	
70	NYC earned income credit .....	70	
71	Other refundable credits (Form IT-201-ATT, line 18) .....	71	
72	Total New York State tax withheld .....	72	24,890.
73	Total New York City tax withheld .....	73	
74	Total Yonkers tax withheld .....	74	
75	Total estimated tax payments and amount paid with Form IT-370 .....	75	
76	Total payments (add lines 63 through 75) .....	76	25,130.

Submit your wage and tax statements with your return (see page 33).

**Your refund, amount you owe, and account information** (see pages 33 through 36)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) ..... 77

78 Amount of line 77 to be refunded  direct  debit  paper  
Mark one refund choice:  deposit (fill in line 83) -or-  card -or-  check ..... 78

See pages 33 and 34 for information about your three refund choices. See page 35 for payment options.

79 Amount of line 77 that you want applied to your 2014 estimated tax (see instructions) ..... 79

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box  and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return ..... 80 5,262.

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) ..... 81

See page 37 for the proper assembly of your return.

82 Other penalties and interest (see page 35) ..... 82

83 Account information for direct deposit or electronic funds withdrawal (see page 35).  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg. 35)

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

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

84 Electronic funds withdrawal (see page 36) ..... Date [REDACTED] Amount [REDACTED]

<b>Third-party designee?</b> (see instr.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Print designee's name JONATHAN RUTNIK CPA E-mail: [REDACTED]	Designee's phone number [REDACTED]	Personal identification number (PIN) [REDACTED]
--	--	---------------------------------------	--

<b>▼ Paid preparer must complete</b> (see instr.) ▼	Date 04-15-2014
Preparer's signature [REDACTED]	Preparer's NYTPRIN [REDACTED]
Firm's name (or yours, if self-employed) RUTNIK & CO.	Preparer's PTIN or SSN [REDACTED]
Address [REDACTED]	Preparer's telephone number [REDACTED]
E-mail: [REDACTED]	Mark an X if self-employed <input checked="" type="checkbox"/>

<b>▼ Taxpayer(s) must sign here</b> ▼	
Your signature [REDACTED]	
Your occupation US SENATOR	
Spouse's signature and occupation (if joint return) [REDACTED] FINANCE MANA	
Date [REDACTED]	Daytime phone number [REDACTED]
E-mail: [REDACTED]	

201004131833



See instructions for where to mail your return.

2013

New York State Department of Taxation and Finance  
**Other Tax Credits and Taxes**  
Attachment to Form IT-201

**IT-201-ATT**

See the instructions for completing Form IT-201-ATT in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 KIRSTEN E AND JONATHAN GILLIBRAND	Your social security number [REDACTED]
---	---

Complete all parts that apply to you; see instructions. Submit this form with your Form IT-201.

**Part 1 – Other New York State, New York City, and Yonkers tax credits**

**Section A – New York State nonrefundable, non carryover credits used**

Whole dollars only

- 1 Accumulation distribution credit (submit computation) ..... 1
- 2 Other nonrefundable, non-carryover credits

	Code	Amount		Code	Amount
2a	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	2b	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Total other nonrefundable, non-carryover credits (add lines 2a and 2b) ..... 2 <input style="width: 150px;" type="text"/>					

**Section B – New York State nonrefundable, carryover credits used**

- 3 Long-term care insurance credit ..... 3
- 4 Investment credit ..... 4
- 5 Solar energy system equipment credit ..... 5
- 6 Other nonrefundable, carryover credits

	Code	Amount		Code	Amount
6a	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	6h	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
6b	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	6i	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
6c	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	6j	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
6d	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	6k	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
6e	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	6l	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
6f	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	6m	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
6g	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	6n	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Total other nonrefundable, carryover credits (add lines 6a through 6n) ..... 6 <input style="width: 150px;" type="text"/>					

- 7 Total New York State nonrefundable credits used  
(add lines 1 through 6; enter here and on Form IT-201, line 42) ..... 7

**Section C – New York City nonrefundable, non-carryover credits used**

- 8 New York City resident UBT credit ..... 8
- 9 New York City accumulation distribution credit (submit computation) ..... 9
- 9a Part-year resident nonrefundable NYC child and dependent care credit ..... 9a
- 10 Total other New York City nonrefundable credits used  
(add lines 8, 9, and 9a; enter here and on Form IT-201, line 53) ..... 10

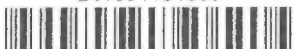
**Section D – New York State, New York City, and Yonkers refundable credits**

- 11 Farmers' school tax credit ..... 11
- 12 Other refundable credits

	Code	Amount		Code	Amount
12a	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	12g	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
12b	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	12h	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
12c	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	12i	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
12d	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	12j	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
12e	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	12k	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
12f	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	12l	<input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Total other refundable credits (add lines 12a through 12l) ..... 12 <input style="width: 150px;" type="text"/>					

- 13 Add lines 11 and 12  
(continued on back) ..... 13

241001131833



Enter your social security number

**Part 1, Section D – New York State, New York City, and Yonkers refundable credits** (continued)

- 14 Enter amount from line 13 on the front page
- 15 New York State claim of right credit
- 16 New York City claim of right credit
- 17 Yonkers claim of right credit
- 18 Total New York State, New York City, and Yonkers other refundable credits  
 (add lines 14 through 17; enter here and on Form IT-201, line 71)

**Part 2 – Other New York State taxes** (submit all applicable forms)

If you are subject to other New York State taxes, complete Part 2.

- 19 New York State tax on capital gain portion of lump-sum distributions (Form IT-230)
- 20 Other New York State taxes

	Code	Amount		Code	Amount
20a			20g		
20b			20h		
20c			20i		
20d			20j		
20e			20k		
20f			20l		

Total other New York State taxes (add lines 20a through 20l)

- 21 Add lines 19 and 20
- 22 See instructions for line 22
- 23 Enter amount from Form IT-201, line 39
- 24 Subtract line 23 from line 22 (if line 23 is more than line 22, leave blank)
- 25 Subtract line 24 from line 21 (if line 24 is more than line 21, leave blank)
- 26 New York State separate tax on lump-sum distributions  
 (Form IT-230)
- 27 Resident credit against separate tax on lump-sum  
 distributions
- 28 Subtract line 27 from line 26
- 29 New York State minimum income tax (Form IT-220)
- 30 Net other New York State taxes  
 (add lines 25, 28, and 29; enter here and on Form IT-201, line 45)

**Part 3 – Other New York City taxes** (submit all applicable forms)

- 31 New York City minimum income tax (Form IT-220)
- 32 New York City resident separate tax on lump-sum distributions (Form IT-230)
- 33 New York City tax on capital gain portion of lump-sum distributions (Form IT-230)
- 34 Total other New York City taxes  
 (add lines 31, 32, and 33; enter here and on Form IT-201, line 51)





2013

Resident Itemized Deduction Schedule

IT-201-D

Submit this form with Form IT-201. See instructions for completing Form IT-201-D in the instructions for Form IT-201.

Name(s) as shown on your Form IT-201 KIRSTEN E AND JONATHAN GILLIBRAND	Your social security number [REDACTED]
---	---

Whole dollars only

1	Medical and dental expenses (federal Schedule A, line 4) .....	1	
2	Taxes you paid (federal Schedule A, line 9) .....	2	42,676.
3	Interest you paid (federal Schedule A, line 15) .....	3	
4	Gifts to charity (federal Schedule A, line 19) .....	4	2,750.
5	Casualty and theft losses (federal Schedule A, line 20) .....	5	
6	Job expenses/miscellaneous deductions (federal Schedule A, line 27) .....	6	
7	Other miscellaneous deductions (federal Schedule A, line 28) .....	7	
8	Enter amount from federal Schedule A, line 29 .....	8	43,567.
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions) .....	9	23,871.
10	Subtract line 9 from line 8 .....	10	19,696.
11	Addition adjustments (see instructions) .....	11	
12	Add lines 10 and 11 .....	12	19,696.
13	Itemized deduction adjustment (see instructions) .....	13	4,924.
14	Subtract line 13 from line 12 .....	14	14,772.
15	College tuition itemized deduction (see Form IT-272) .....	15	
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34) .....	16	14,772.

201005131833



2013

# Change of City Resident Status

# IT-360.1

New York City • Yonkers

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

Name(s) as shown on return JONATHAN GILLIBRAND	Social security number [REDACTED]
---	--------------------------------------

**Change of resident status** – If you are married and filing separate New York State returns, each of you must complete a separate Form IT-360.1 (see instructions, Form IT-360.1-I, front page).

- Mark an **X** in only one box
- (A)  **New York City change of residence** – Complete Parts 1, 2, 3, and 4.
  - (B)  **Yonkers change of residence** – Complete Parts 1 and 5.
  - (C)  **New York City and Yonkers change of residence** – Complete the entire form.

Part 1 – New York adjusted gross income (see instructions, page 3)		Column A Federal income and adjustments (all sources)	Column B Amount of Column A for New York City resident period	Column C Amount of Column A for Yonkers resident period
1 Wages, salaries, tips, etc .....	1	364,891.	200,000.	
2 Taxable interest income .....	2	81.	41.	
3 Ordinary dividends .....	3			
4 Taxable refunds, credits, or offsets of state and local income taxes .....	4			
5 Alimony received .....	5			
6 Business income or loss (submit copy of federal Schedule C or C-EZ, Form 1040) .....	6			
7 Capital gain or loss (submit copy of federal Schedule D, Form 1040) .....	7	-3,000.	-3,000.	
8 Other gains or losses (submit copy of federal Form 4797) .....	8			
9 Taxable amount of IRA distributions .....	9			
10 Taxable amount of pensions and annuities .....	10			
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040) .....	11			
12 Farm income or loss (submit copy of federal Schedule F, Form 1040) .....	12			
13 Unemployment compensation .....	13			
14 Taxable amount of social security benefits .....	14			
15 Other income .....	15			
Identify:				
16 Total (add lines 1 through 15) .....	16	361,972.	197,041.	
17 Total federal adjustments to income .....	17			
Identify:				
18 Federal adjusted gross income (subtract line 17 from line 16) .....	18	361,972.	197,041.	
19 New York adjustments (submit schedule) .....	19			
20 New York adjusted gross income (line 18 and add or subtract line 19; transfer the amount from Column B to line 43) .....	20	361,972.	197,041.	

360001131833



<b>Part 2 – Itemized deductions for New York City</b> (see instr., page 3) If you are claiming the standard deduction, do not complete Part 2.		<b>Column A</b> Itemized deductions (see instructions)	<b>Column B</b> Amount of Column A for New York City resident period
21	Medical and dental expenses		
22	Taxes you paid	42,676.	
23	Interest you paid		
24	Gifts to charity	2,750.	
25	Casualty and theft losses		
26	Job expenses and most other miscellaneous deductions		
27	Other miscellaneous deductions		
28	Add lines 21 through 27	45,426.	
29	Reduction for federal itemized deduction limitation (from federal Form 1040 instructions, Itemized Deductions Worksheet, line 9)	1,859.	
30	Total itemized deductions (subtract line 29 from line 28)	43,567.	
31	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments		
32	Subtract line 31 from line 30		
33	Addition adjustments and college tuition itemized deduction (see instructions)		
34	Add lines 32 and 33		
35	Itemized deduction adjustment (if line 20, Column B, is more than \$100,000, see instructions, page 5; all others enter 0 on line 35)		
36	Itemized deduction (subtract line 35 from line 34, enter here and on line 44)		

**Part 3 – Dependent exemptions** (see instructions, page 5)

37 Enter the period you were a New York City resident during 2013

From: month  day  To: month  day

38 Enter the county where you resided while a nonresident of New York City

39	Enter the number of full months in the New York City resident period	12
40	Enter the prorated value of one dependent exemption (use Proration chart, see instructions, page 2)	1,000.
41	Enter the number of dependent exemptions you claimed on Form IT-201, line 36, or Form IT-203, line 35	2
42	Multiply the amount on line 40 by the number of dependent exemptions claimed on line 41 (enter here and on line 46)	2,000.

**Part 4 – Part-year New York City resident tax** (see instructions, page 5)

43	New York adjusted gross income (from line 20, Column B)	197,041.
44	Resident period standard deduction (see instructions, page 2) or resident period itemized deduction (from line 36)	7,700.
45	Subtract line 44 from line 43	189,341.
46	Dependent exemption amount (from line 42)	2,000.
47	New York City taxable income (subtract line 46 from line 45)	187,341.
48	New York City tax on line 47 amount (see instructions, page 5)	6,622.
49	Total New York City household credit and accumulation distribution credit (see instructions, page 6)	
50	Subtract line 49 from line 48 (if line 49 is larger than line 48, enter 0)	6,622.
51	Part-year New York City separate tax on lump-sum distributions (from Form IT-230)	
52	Part-year New York City resident tax on capital gain portion of lump-sum distributions (from Form IT-230)	
53	Add lines 50, 51, and 52	6,622.
54	Credit for part-year New York City unincorporated business tax paid (see instructions, page 8)	
55	Part-year New York City resident tax (subtract line 54 from line 53 and enter tax on Form IT-201, line 50, or Form IT-203, line 51; if line 54 is larger than line 53, enter 0)	6,622.

360002131833



**Part 5 – Part-year Yonkers resident income tax surcharge** (see instructions, page 8)

	Full-year NYS resident	Part-year NYS resident
56 Total New York State taxes (Form IT-201, line 46) .....	56	
57 Empire State child credit (Form IT-201, line 63) .....	57	
58 NYS child and dependent care credit (Form IT-216, line 14) .....	58	
59 Earned income credit (Form IT-201, line 65) .....	59	
60 Noncustodial parent New York State earned income credit (Form IT-201, line 66) .....	60	
61 Real property tax credit (Form IT-201, line 67) .....	61	
62 College tuition credit (Form IT-201, line 68) .....	62	
63 Amount from Form IT-201-ATT, line 13 .....	63	
64 Add lines 57 through 63 .....	64	
65 Subtract line 64 from line 56 (if line 64 is more than line 56, enter 0 here and on Form IT-201, line 57) .....	65	
66 Base tax (Form IT-203, line 44) .....	66	
67 New York State nonrefundable credits (Form IT-203-ATT, line 8) .....	67	
68 Subtract line 67 from line 66 (if line 67 is more than line 66, enter 0) .....	68	
69 Net other New York State taxes (Form IT-203-ATT, line 33) .....	69	
70 Add lines 68 and 69 .....	70	
71 Total of amounts from Form IT-203-ATT, lines 9, 10, and 12 .....	71	
72 Subtract line 71 from line 70 (if line 71 is more than line 70, enter 0) .....	72	
73 Income percentage (see worksheet on page 8 of the instructions) .....	73	
74 Multiply line 65 by line 73. This is the net state tax for full-year state residents .....	74	
75 Multiply line 72 by line 73. This is the net state tax for part-year state residents .....	75	
76 Yonkers resident tax rate .....	76	.15

**77 Part-year Yonkers resident income tax surcharge**

(Full-year NYS residents: Multiply line 74 by line 76. Part-year NYS residents: Multiply line 75 by line 76.)

77	
----	--

Enter the line 77 amount on Form IT-201, line 57, or Form IT-203, line 54.

See Form Y-203, *Yonkers Nonresident Earnings Tax Return*, and instructions, Form Y-203-I, if you received wages or net earnings from self-employment from Yonkers sources during your nonresident period.

360003131833



2013

**Claim for Child and Dependent Care Credit**

New York State • New York City

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

Name(s) as shown on return KIRSTEN E AND JONATHAN GILLIBRAND	Your social security number [REDACTED]
---	---

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

If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

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)
CAPITAL HILL DAY SCHOOL	[REDACTED]	[REDACTED]	9,666.

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	D - Person with disability (see instr.)	E - Social security number	F - Date of birth (mm-dd-yyyy)
HENRY N	GILLIBRAND	4,604.	<input type="checkbox"/>	[REDACTED]	[REDACTED]
THEODORE I	GILLIBRAND	5,062.	<input type="checkbox"/>	[REDACTED]	[REDACTED]
			<input type="checkbox"/>		
			<input type="checkbox"/>		

**Note:** If you are claiming expenses paid for a dependent child, include only those qualified expenses paid through the day preceding the child's 13th birthday.

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** 9,666.

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

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

Whole dollars only	
<b>5</b>	6,000.
<b>6</b>	164,891.

6 Enter your earned income (see instructions)

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)

<b>7</b>	200,000.
<b>8</b>	6,000.

8 Enter the smallest of line 5, 6, or 7

9 Enter the amount from: federal Form 1040A, line 22, or federal Form 1040, line 38 **9** 361,972.

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 the back) **11** 1,200.

216001131833





- 12 Amount from line 11 ..... **12**
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) .....
- 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**
- 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**

**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 19, Column D, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... **19**
- 20 Enter the amount from line 19, Column A, of the *Part-year resident income allocation worksheet* in the instructions for Form IT-203 ..... **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 the tax year and your federal adjusted gross income is \$30,000 or less (see Note under *New York City credit* on page 1 of the instructions) and you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

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

**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; also enter this amount on Form IT-201, line 64 ..... **25**
- 26 Part-year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a ..... **26**

**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**

