

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, ending _____ See separate instructions.

Your first name M.I. Last name Suffix
Kirsten E **Gillibrand** _____
 Your social security number _____

If a joint return, spouse's first name M.I. Last name Suffix
Jonathan M **Gillibrand** _____
 Spouse's social security number _____

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).

Presidential Election Campaign

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

 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

(1) First name	Last name	(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)
Theodore	Gillibrand	_____	_____	<input checked="" type="checkbox"/>
Henry	Gillibrand	_____	_____	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **4**

Boxes checked on 6a and 6b: **2**
 No. of children on 6a who:
 • lived with you: **2**
 • did not live with you due to divorce or separation (see instructions) 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	253,924
8a Taxable interest. Attach Schedule B if required	8a	309
9a Ordinary dividends. Attach Schedule B if required	9a	
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	75,000
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	15b	
16a Pensions and annuities	16a	
16b Taxable amount	16b	
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	326,233

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	1,005
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 b Recipient's SSN	31a	
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 35	36	1,005
37 Subtract line 36 from line 22. This is your adjusted gross income	37	325,228

Tax and Credits	38	Amount from line 37 (adjusted gross income).	38	325,228
	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	43,464
	41	Subtract line 40 from line 38	41	281,764
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	13,760
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	268,004
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	63,970
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	10,907
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Standard Deduction for— <small>• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250</small>	47	Add lines 44, 45, and 46	47	74,877
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	1,200
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	1,200
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	73,677
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	2,009
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	658	
63	Add lines 56 through 62. This is your total tax	63	76,344	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	42,217
	65	2015 estimated tax payments and amount applied from 2014 return	65	33,500
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	75,717	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	
	b	Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/>		
77	Amount of line 75 you want applied to your 2016 estimated tax	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	895
	79	Estimated tax penalty (see instructions)	79	268

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.

Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation US Senator	Daytime phone number
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Finance Manager	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jonathan F Rutnik		4/13/2016		
	Firm's name <input type="checkbox"/>	Firm's EIN <input type="checkbox"/>			
	Firm's address <input type="checkbox"/>	Phone no. <input type="checkbox"/>			

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

Kirsten E and Jonathan M Gillibrand

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	325,228		
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	32,523		
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	5	23,772		
b	<input type="checkbox"/> General sales taxes	6	17,952		
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			41,724
Interest You Paid		10			
10	Home mortgage interest and points reported to you on Form 1098	10			
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 no., and address	11			
Note.	Name				
	Address				
Your mortgage interest deduction may be limited (see instructions).	TIN	11			
12	Points not reported to you on Form 1098. See instructions for special rules	12			
13	Mortgage insurance premiums (see instructions)	13			
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14			
15	Add lines 10 through 14	15			0
Gifts to Charity		16	2,200		
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16			
If you made a gift and got a benefit for it, see instructions.	17	17			
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17			
18	Carryover from prior year	18			
19	Add lines 16 through 18	19			2,200
Casualty and Theft Losses		20			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
Job Expenses and Certain Miscellaneous Deductions		21			
21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21			
22	Tax preparation fees	22	980		
23	Other expenses—investment, safe deposit box, etc. List type and amount	23			
24	Add lines 21 through 23	24	980		
25	Enter amount from Form 1040, line 38	25	325,228		
26	Multiply line 25 by 2% (.02)	26	6,505		
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			0
Other Miscellaneous Deductions		28			
28	Other—from list in instructions. List type and amount	28			
Total Itemized Deductions		29			43,464
29	Is Form 1040, line 38, over \$154,950? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29			
30	If you elect to itemize deductions even though they are less than your standard deduction, check here				

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2015

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor Kirsten E Gillibrand		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Writer	B Enter code from instructions 711510	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN), (see instr.)	
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2015, check here		<input type="checkbox"/>
I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 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 <input type="checkbox"/>	1	75,000
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	75,000
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	75,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6 <input type="checkbox"/>	7	75,000

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

8 Advertising	8			18 Office expense (see instructions)	18		
9 Car and truck expenses (see instructions)	9			19 Pension and profit-sharing plans	19		
10 Commissions and fees	10			20 Rent or lease (see instructions):	20		
11 Contract labor (see instructions)	11			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 and professional services	17			25 Utilities	25		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a <input type="checkbox"/>	28			26 Wages (less employment credits)	26		
29 Tentative profit or (loss). Subtract line 28 from line 7	29			27a Other expenses (from line 48)	27a		
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30			27b Reserved for future use	27b		
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (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					75,000	
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, (or Form 1040NR, line 13) and on Schedule SE, line 2. (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.			



Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36 Purchases less cost of items withdrawn for personal use	36		
37 Cost of labor. Do not include any amounts paid to yourself	37		
38 Materials and supplies	38		
39 Other costs	39		
40 Add lines 35 through 39	40	0	
41 Inventory at end of year	41		
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	0	

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting (see instructions) _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47 a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

48 Total other expenses. Enter here and on line 27a	48		0
--	----	--	---

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2015

Attachment
Sequence No. **12**

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.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	(23,610)
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	-23,610

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	(1,755)
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back			15	-1,755

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

Schedule D (Form 1040) 2015

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-25,365
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to 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 the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. 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 the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <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 other side.

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, 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 sub-rows for Totals and summary lines 30-32.

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 sub-rows for Totals and summary lines 35-37.

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

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43 including Net farm rental income, Total income or loss, and Reconciliation of farming and fishing income.

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

Kirsten E Gillibrand

Social security number of person with self-employment income



Section B—Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.

<p>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <input type="checkbox"/></p>			
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	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 instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions)	2	75,000
3	Combine lines 1a, 1b, and 2	3	75,000
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3. Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	69,263
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	0
c	Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income, enter -0- and continue.	4c	69,263
5 a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	5b	0
6	Add lines 4c and 5b	6	69,263
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015	7	118,500 00
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11	8a	118,500
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c	Wages subject to social security tax (from Form 8919, line 10)	8c	
d	Add lines 8a, 8b, and 8c	8d	0
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	0
10	Multiply the smaller of line 6 or line 9 by 12.4% (.124)	10	0
11	Multiply line 6 by 2.9% (.029)	11	2,009
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	2,009
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	1,005

Part II Optional Methods To Figure Net Earnings (see instructions)

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$7,320, or (b) your net farm profits² were less than \$5,284.</p>			
14	Maximum income for optional methods	14	4,880 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,880. Also include this amount on line 4b above	15	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,284 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.</p>			
16	Subtract line 15 from line 14	16	0
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Child and Dependent Care Expenses



Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

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]	7,530

Did you receive dependent care benefits?

No

Yes

Complete only Part II below.

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 60a, or Form 1040NR, line 59a.

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 2015 for the person listed in column (a)
First	Last		
Theodore	Gillibrand	[REDACTED]	2,877
Henry	Gillibrand	[REDACTED]	4,653

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 31

4 Enter your earned income. See instructions

5 If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4

6 Enter the smallest of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

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
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2014 expenses in 2015, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

11 Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47

3	6,000
4	238,842
5	89,077
6	6,000
7	325,228
8	X 0.20
9	1,200
10	74,877
11	1,200

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

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2015. 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	12		
13	Enter the amount, if any, you carried over from 2014 and used in 2015 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2016. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15		0
16	Enter the total amount of qualified expenses incurred in 2015 for the care of the qualifying person(s)	16		
17	Enter the smaller of line 15 or 16	17		0
18	Enter your earned income . See instructions	18		
19	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 you or your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see instructions. • All others, enter the amount from line 18. 	19		
20	Enter the smallest 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"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22		0
23	Subtract line 22 from line 15	23		0
24	Deductible benefits. Enter the smallest of line 20, 21, or 22. Also, include this amount on the appropriate line(s) of your return. See instructions	24		0
25	Excluded benefits. Form 1040 and 1040NR filers: 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-. Form 1040A filers: Enter the smaller of line 20 or line 21	25		0
26	Taxable benefits. Form 1040 and 1040NR filers: 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." Form 1040A filers: 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	Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28		0
29	Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception. If you paid 2014 expenses in 2015, see the instructions for line 9	29		0
30	Complete line 2 on the front of this form. Do not 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 smaller 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

Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts

2015

▶ Information about Form 3520 and its separate instructions is at www.irs.gov/form3520.

Note. All information must be in English. Show all amounts in U.S. dollars. File a separate Form 3520 for each foreign trust.

For calendar year 2015, or tax year beginning _____, 2015, ending _____, 20

A Check appropriate boxes: Initial return Initial return (extension filed) Final return Amended return

B Check box that applies to person filing return: Individual Partnership Corporation Trust Executor

C Check if any excepted specified foreign financial assets are reported on this form (see instructions)

Check all applicable boxes:

(a) You are a U.S. transferor who, directly or indirectly, transferred money or other property during the current tax year to a foreign trust, (b) You held an outstanding obligation of a related foreign trust (or a person related to the trust) issued during the current tax year, that you reported as a "qualified obligation" (defined in the instructions) during the current tax year, or (c) You are the executor of the estate of a U.S. decedent and (1) the decedent made a transfer to a foreign trust by reason of death, (2) the decedent was treated as the owner of any portion of a foreign trust immediately prior to death, or (3) the decedent's estate included any portion of the assets of a foreign trust. **Complete all applicable identifying information requested below and Part I of the form** and see the instructions for Part I.

You are a U.S. owner of all or any portion of a foreign trust at any time during the tax year. **Complete all applicable identifying information requested below and Part II of the form** and see the instructions for Part II.

(a) You are a U.S. person who, during the current tax year, received a distribution from a foreign trust, or (b) You are a U.S. person who is also a grantor or beneficiary of a foreign trust (1) that has made a loan of cash or marketable securities, directly or indirectly, to you or a U.S. person related to you during the current tax year, or (2) from which you or a U.S. person related to you received the uncompensated use of trust property. **Complete all applicable identifying information requested below and Part III of the form** and see the instructions for Part III.

You are a U.S. person who, during the current tax year, received certain gifts or bequests from a foreign person. **Complete all applicable identifying information requested below and Part IV of the form** and see the instructions for Part IV.

1a Name of U.S. person(s) with respect to whom this Form 3520 is being filed (see instructions)			b Identification number	
Kirsten E. Gillibrand			[REDACTED]	
c Number, street, and room or suite no. (if a P.O. box, see instructions)			d Spouse's identification number	
[REDACTED]			[REDACTED]	
e City or town	f State or province	g ZIP or foreign postal code	h Country	
[REDACTED]	[REDACTED]	[REDACTED]	United States	
i Check the box if you are married and filing a joint 2015 income tax return, but you are filing separate Forms 3520. <input checked="" type="checkbox"/>				
j Service center where U.S. person's tax return is filed			Hartford, CT	

k If an extension was requested for the tax return, check this box and enter the form number of the tax return to be filed. ▶ _____

2a Name of foreign trust (if applicable)			b(1) Employer identification number (if any)	
c Number, street, and room or suite no. (if a P.O. box, see instructions)			b(2) Reference ID number (see instructions)	
d City or town	e State or province	f ZIP or foreign postal code	g Country	

3 Did the foreign trust appoint a U.S. agent (defined in the instructions) who can provide the IRS with all relevant trust information? Yes No
 If "Yes," complete lines 3a through 3g. If "No," be sure to complete Part I, lines 15 through 18.

3a Name of U.S. agent			b Identification number (if any)	
c Number, street, and room or suite no. (if a P.O. box, see instructions)				
d City or town	e State or province	f ZIP or postal code	g Country	
4a Name of U.S. decedent (see instr.)	b Address		c TIN of decedent	
d Date of death			e EIN of estate	

f Check applicable box:
 U.S. decedent made transfer to a foreign trust by reason of death.
 U.S. decedent treated as owner of foreign trust immediately prior to death.
 Assets of foreign trust were included in estate of U.S. decedent.

Part I Transfers by U.S. Persons to a Foreign Trust During the Current Tax Year (see instructions)

5a Name of trust creator	b Address	c Identification number (if any)		
6a Country code of country where trust was created	b Country code of country whose law governs the trust	c Date trust was created		
7a Will any person (other than the U.S. transferor or the foreign trust) be treated as the owner of the transferred assets after the transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b ⁽ⁱ⁾ Name of other foreign trust owners, if any	⁽ⁱⁱ⁾ Address	⁽ⁱⁱⁱ⁾ Country of residence	^(iv) Identification number, if any	^(v) Relevant Code section
8 Was the transfer a completed gift or bequest? If "Yes," see instructions			<input type="checkbox"/> Yes	<input type="checkbox"/> No
9a Now or at any time in the future, can any part of the income or corpus of the trust benefit any U.S. beneficiary?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If "No," could the trust be revised or amended to benefit a U.S. beneficiary?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
10 Will you continue to be treated as the owner of the transferred asset(s) after the transfer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Schedule A—Obligations of a Related Trust (see instructions)

11a During the current tax year, did you transfer property (including cash) to a related foreign trust in exchange for an obligation of the trust or an obligation of a person related to the trust (see instructions)? Yes No
If "Yes," complete the rest of Schedule A, as applicable. If "No," go to Schedule B.

b Were any of the obligations you received (with respect to a transfer described in 11a above) qualified obligations? Yes No
If "Yes," complete the rest of Schedule A with respect to each qualified obligation.
If "No," go to Schedule B and, when completing columns (a) through (i) of line 13 with respect to each nonqualified obligation, enter "-0-" in column (h).

(i) Date of transfer giving rise to obligation	(ii) Maximum term	(iii) Yield to maturity	(iv) FMV of obligation

12 With respect to each qualified obligation you reported on line 11b: Do you agree to extend the period of assessment of any income or transfer tax attributable to the transfer, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation? Yes No
Note. Generally, you must answer "Yes" if you checked "Yes" to the question on line 11b.

Schedule B—Gratuitous Transfers (see instructions)

13 During the current tax year, did you make any transfers (directly or indirectly) to the trust and receive less than FMV, or no consideration at all, for the property transferred? Yes No
If "Yes," complete columns (a) through (i) below and the rest of Schedule B, as applicable.
If "No," go to Schedule C.

(a) Date of transfer	(b) Description of property transferred	(c) FMV of property transferred	(d) U.S. adjusted basis of property transferred	(e) Gain recognized at time of transfer, if any	(f) Excess, if any, of column (c) over the sum of columns (d) and (e)	(g) Description of property received, if any	(h) FMV of property received	(i) Excess of column (c) over column (h)
Totals ▶					\$			\$

14 You are required to attach a copy of each sale or loan document entered into in connection with a transfer reported on line 13. If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of:	Yes	No	Attached Previously	Year Attached
a Sale document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b Loan document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c Subsequent variances to original sale or loan documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part I Schedule B—Gratuitous Transfers (Continued)

Note. Complete lines 15 through 18 only if you answered "No" to line 3, acknowledging that the foreign trust did not appoint a U.S. agent to provide the IRS with all relevant trust information.

15	(a) Name of beneficiary	(b) Address of beneficiary	(c) U.S. beneficiary?		(d) Identification number, if any
			Yes	No	

16	(a) Name of trustee	(b) Address of trustee	(c) Identification number, if any

17	(a) Name of other persons with trust powers	(b) Address of other persons with trust powers	(c) Description of powers	(d) Identification number, if any

18 If you checked "No" on line 3 (or did not complete lines 3a through 3g), you are required to attach a copy of all trust documents as indicated below. If these documents have been attached to a Form 3520-A or Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of:

	Yes	No	Attached Previously	Year Attached
a Summary of all written and oral agreements and understandings relating to the trust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b The trust instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c Memoranda or letters of wishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d Subsequent variances to original trust documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e Trust financial statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f Other trust documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Schedule C—Qualified Obligations Outstanding in the Current Tax Year (see instructions)

19 Did you, at any time during the tax year, hold an outstanding obligation of a related foreign trust (or a person related to the trust) that you reported as a "qualified obligation" in the current tax year? Yes No

If "Yes," complete columns (a) through (e) below.

(a) Date of original obligation	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during the tax year	(d) Amount of interest payments made during the tax year	(e) Does the obligation still meet the criteria for a qualified obligation?	
				Yes	No

Part II U.S. Owner of a Foreign Trust (see instructions)

20	(a) Name of other foreign trust owners, if any	(b) Address	(c) Country of residence	(d) Identification number, if any	(e) Relevant Code section

21	(a) Country code of country where foreign trust was created	(b) Country code of country whose law governs the foreign trust	(c) Date foreign trust was created

22 Did the foreign trust file Form 3520-A for the current year? **Yes** **No**
 If "Yes," attach the Foreign Grantor Trust Owner Statement you received from the foreign trust.
 If "No," to the best of your ability, complete and attach a substitute Form 3520-A for the foreign trust.
 See instructions for information on penalties.

23 Enter the gross value of the portion of the foreign trust that you are treated as owning at the end of the tax year ► \$

Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (see instructions)

24 Cash amounts or FMV of property received, directly or indirectly, during the current tax year, from the foreign trust (exclude loans included on line 25).

(a) Date of distribution	(b) Description of property received	(c) FMV of property received (determined on date of distribution)	(d) Description of property transferred, if any	(e) FMV of property transferred	(f) Excess of column (c) over column (e)
Totals.					► \$

25 During the current tax year, did you (or a person related to you) receive a loan from a related foreign trust (including an extension of credit upon the purchase of property from the trust)? **Yes** **No**
 If "Yes," complete columns (a) through (g) below for each such loan.
Note. You are considered to have received a loan if you (or a U.S. person related to you) were permitted the uncompensated use of trust property (as described in section 643(f)). See instructions for additional information, including how to complete columns (a) through (g) for such transactions.

(a) FMV of loan proceeds	(b) Date of original loan transaction	(c) Maximum term of repayment of obligation	(d) Interest rate of obligation	(e) Is the obligation a "qualified obligation?"		(f) FMV of qualified obligation	(g) Amount treated as distribution from the trust (subtract column (f) from column (a))
				Yes	No		
Total							► \$

26 With respect to each obligation you reported as a "qualified obligation" on line 25: Do you agree to extend the period of assessment of any income or transfer tax attributable to the transaction, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation? **Yes** **No**
Note. Generally, you must answer "Yes" if you checked "Yes" in column (e) of line 25.

27 Total distributions received during the current tax year. Add line 24, column (f), and line 25, column (g) ► \$

28 Did the trust, at any time during the tax year, hold an outstanding obligation of yours (or a person related to you) that you reported as a "qualified obligation" in the current tax year? **Yes** **No**
 If "Yes," complete columns (a) through (e) below for each obligation.

(a) Date of original loan transaction	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during the tax year	(d) Amount of interest payments made during the tax year	(e) Does the loan still meet the criteria of a qualified obligation?	
				Yes	No

Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (Continued)

29 Did you receive a Foreign Grantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? Yes No N/A

If "Yes," attach the statement and do not complete the remainder of Part III with respect to that distribution. If "No," complete Schedule A with respect to that distribution. Also complete Schedule C if you enter an amount greater than zero on line 37.

30 Did you receive a Foreign Nongrantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? Yes No N/A

If "Yes," attach the statement and complete either Schedule A or Schedule B below (see instructions). Also complete Schedule C if you enter an amount greater than zero on line 37 or line 41a. If "No," complete Schedule A with respect to that distribution. Also complete Schedule C if you enter an amount greater than zero on line 37.

Schedule A—Default Calculation of Trust Distributions (see instructions)

31	Enter amount from line 27	
32	Number of years the trust has been a foreign trust (see instructions)	
33	Enter total distributions received from the foreign trust during the 3 preceding tax years (or during the number of years the trust has been a foreign trust, if fewer than 3)	
34	Multiply line 33 by 1.25	
35	Average distribution. Divide line 34 by 3 (or the number of years the trust has been a foreign trust, if fewer than 3) and enter the result	
36	Amount treated as ordinary income earned in the current year. Enter the smaller of line 31 or line 35.	
37	Amount treated as accumulation distribution. Subtract line 36 from line 31. If -0-, do not complete the rest of Part III	
38	Applicable number of years of trust. Divide line 32 by 2 and enter the result here	

Schedule B—Actual Calculation of Trust Distributions (see instructions)

39	Enter amount from line 27	
40a	Amount treated as ordinary income in the current tax year	
b	Qualified dividends	
41a	Amount treated as accumulation distribution. If -0-, do not complete Schedule C, Part III	
b	Amount of line 41a that is tax-exempt	
42a	Amount treated as net short-term capital gain in the current tax year	
b	Amount treated as net long-term capital gain in the current tax year	
c	28% rate gain	
d	Unrecaptured section 1250 gain	
43	Amount treated as distribution from trust corpus	
44	Enter any other distributed amount received from the foreign trust not included on lines 40a, 41a, 42a, 42b, and 43 (attach explanation)	
45	Amount of foreign trust's aggregate undistributed net income	
46	Amount of foreign trust's weighted undistributed net income	
47	Applicable number of years of trust. Divide line 46 by line 45 and enter the result here	

Schedule C—Calculation of Interest Charge (see instructions)

48	Enter accumulation distribution from line 37 or 41a, as applicable	
49	Enter tax on total accumulation distribution from line 28 of Form 4970 (attach Form 4970—see instructions)	
50	Enter applicable number of years of foreign trust from line 38 or 47, as applicable (round to nearest half-year)	
51	Combined interest rate imposed on the total accumulation distribution (see instructions)	
52	Interest charge. Multiply the amount on line 49 by the combined interest rate on line 51	
53	Tax attributable to accumulation distributions. Add lines 49 and 52. Enter here and as "additional tax" on your income tax return	

Part IV U.S. Recipients of Gifts or Bequests Received During the Current Tax Year From Foreign Persons
(see instructions)

54 During the current tax year, did you receive more than \$100,000 that you treated as gifts or bequests from a nonresident alien or a foreign estate? See instructions for special rules regarding related donors **Yes** **No**

If "Yes," complete columns (a) through (c) with respect to each such gift or bequest in excess of \$5,000. If more space is needed, attach a statement.

(a) Date of gift or bequest	(b) Description of property received	(c) FMV of property received
02/13/2015	Cash	228,600
Total ▶		\$ 228,600

55 During the current tax year, did you receive more than \$15,601 that you treated as gifts from a foreign corporation or a foreign partnership? See instructions regarding related donors. **Yes** **No**

If "Yes," complete columns (a) through (g) with respect to each such gift. If more space is needed, attach a statement.

(a) Date of gift	(b) Name of foreign donor	(c) Address of foreign donor	(d) Identification number, if any

(e) Check the box that applies to the foreign donor		(f) Description of property received	(g) FMV of property received
Corporation	Partnership		

56 Do you have any reason to believe that the foreign donor, in making any gift or bequest described in lines 54 and 55, was acting as a nominee or intermediary for any other person? If "Yes," see instructions **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including any accompanying reports, schedules, or statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here ▶ *Kevin O'Sullivan* Signature ▶ Senator Title ▶ 4/19/10 Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ Perkins Coie LLP			Firm's EIN ▶	
	Firm's address ▶ 131 S Dearborn Street, Suite 1700, Chicago, IL 60603			Phone no.	

Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts

2015

▶ Information about Form 3520 and its separate instructions is at www.irs.gov/form3520.

Note. All information must be in English. Show all amounts in U.S. dollars. File a separate Form 3520 for each foreign trust.

For calendar year 2015, or tax year beginning _____, 2015, ending _____, 20

- A** Check appropriate boxes: Initial return Initial return (extension filed) Final return Amended return
- B** Check box that applies to person filing return: Individual Partnership Corporation Trust Executor
- C** Check if any excepted specified foreign financial assets are reported on this form (see instructions)

Check all applicable boxes:

- (a) You are a U.S. transferor who, directly or indirectly, transferred money or other property during the current tax year to a foreign trust, (b) You held an outstanding obligation of a related foreign trust (or a person related to the trust) issued during the current tax year, that you reported as a "qualified obligation" (defined in the instructions) during the current tax year, or (c) You are the executor of the estate of a U.S. decedent and (1) the decedent made a transfer to a foreign trust by reason of death, (2) the decedent was treated as the owner of any portion of a foreign trust immediately prior to death, or (3) the decedent's estate included any portion of the assets of a foreign trust. **Complete all applicable identifying information requested below and Part I of the form and see the instructions for Part I.**
- You are a U.S. owner of all or any portion of a foreign trust at any time during the tax year. **Complete all applicable identifying information requested below and Part II of the form and see the instructions for Part II.**
- (a) You are a U.S. person who, during the current tax year, received a distribution from a foreign trust, or (b) You are a U.S. person who is also a grantor or beneficiary of a foreign trust (1) that has made a loan of cash or marketable securities, directly or indirectly, to you or a U.S. person related to you during the current tax year, or (2) from which you or a U.S. person related to you received the uncompensated use of trust property. **Complete all applicable identifying information requested below and Part III of the form and see the instructions for Part III.**
- You are a U.S. person who, during the current tax year, received certain gifts or bequests from a foreign person. **Complete all applicable identifying information requested below and Part IV of the form and see the instructions for Part IV.**

1a Name of U.S. person(s) with respect to whom this Form 3520 is being filed (see instructions)				b Identification number	
Jonathan M. Gillibrand				[REDACTED]	
c Number, street, and room or suite no. (if a P.O. box, see instructions)				d Spouse's identification number	
[REDACTED]				[REDACTED]	
e City or town		f State or province		g ZIP or foreign postal code	
[REDACTED]		[REDACTED]		[REDACTED]	
				h Country	
				United States	
i Check the box if you are married and filing a joint 2015 income tax return, but you are filing separate Forms 3520. <input checked="" type="checkbox"/>					
j Service center where U.S. person's tax return is filed				▶ Hartford, CT	

k If an extension was requested for the tax return, check this box and enter the form number of the tax return to be filed. ▶ _____

2a Name of foreign trust (if applicable)				b(1) Employer identification number (if any)	
c Number, street, and room or suite no. (if a P.O. box, see instructions)				b(2) Reference ID number (see instructions)	
d City or town		e State or province		f ZIP or foreign postal code	
				g Country	

3 Did the foreign trust appoint a U.S. agent (defined in the instructions) who can provide the IRS with all relevant trust information? Yes No

If "Yes," complete lines 3a through 3g. If "No," be sure to complete Part I, lines 15 through 18.

3a Name of U.S. agent				b Identification number (if any)	
c Number, street, and room or suite no. (if a P.O. box, see instructions)					
d City or town		e State or province		f ZIP or postal code	
				g Country	
4a Name of U.S. decedent (see instr.)		b Address		c TIN of decedent	
d Date of death				e EIN of estate	

- f** Check applicable box:
- U.S. decedent made transfer to a foreign trust by reason of death.
- U.S. decedent treated as owner of foreign trust immediately prior to death.
- Assets of foreign trust were included in estate of U.S. decedent.

Part I Transfers by U.S. Persons to a Foreign Trust During the Current Tax Year (see instructions)

5a Name of trust creator	b Address	c Identification number (if any)		
6a Country code of country where trust was created	b Country code of country whose law governs the trust	c Date trust was created		
7a Will any person (other than the U.S. transferor or the foreign trust) be treated as the owner of the transferred assets after the transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b ⁽ⁱ⁾ Name of other foreign trust owners, if any	⁽ⁱⁱ⁾ Address	⁽ⁱⁱⁱ⁾ Country of residence	^(iv) Identification number, if any	^(v) Relevant Code section
8 Was the transfer a completed gift or bequest? If "Yes," see instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				
9a Now or at any time in the future, can any part of the income or corpus of the trust benefit any U.S. beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
b If "No," could the trust be revised or amended to benefit a U.S. beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10 Will you continue to be treated as the owner of the transferred asset(s) after the transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Schedule A—Obligations of a Related Trust (see instructions)

11a During the current tax year, did you transfer property (including cash) to a related foreign trust in exchange for an obligation of the trust or an obligation of a person related to the trust (see instructions)? Yes No
If "Yes," complete the rest of Schedule A, as applicable. If "No," go to Schedule B.

b Were any of the obligations you received (with respect to a transfer described in 11a above) qualified obligations? Yes No
If "Yes," complete the rest of Schedule A with respect to each qualified obligation.
If "No," go to Schedule B and, when completing columns (a) through (i) of line 13 with respect to each nonqualified obligation, enter "-0-" in column (h).

⁽ⁱ⁾ Date of transfer giving rise to obligation	⁽ⁱⁱ⁾ Maximum term	⁽ⁱⁱⁱ⁾ Yield to maturity	^(iv) FMV of obligation

12 With respect to each qualified obligation you reported on line 11b: Do you agree to extend the period of assessment of any income or transfer tax attributable to the transfer, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation? Yes No
Note. Generally, you must answer "Yes" if you checked "Yes" to the question on line 11b.

Schedule B—Gratuitous Transfers (see instructions)

13 During the current tax year, did you make any transfers (directly or indirectly) to the trust and receive less than FMV, or no consideration at all, for the property transferred? Yes No
If "Yes," complete columns (a) through (i) below and the rest of Schedule B, as applicable.
If "No," go to Schedule C.

(a) Date of transfer	(b) Description of property transferred	(c) FMV of property transferred	(d) U.S. adjusted basis of property transferred	(e) Gain recognized at time of transfer, if any	(f) Excess, if any, of column (c) over the sum of columns (d) and (e)	(g) Description of property received, if any	(h) FMV of property received	(i) Excess of column (c) over column (h)
Totals ▶					\$		\$	

14 You are required to attach a copy of each sale or loan document entered into in connection with a transfer reported on line 13. If these documents have been attached to a Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of:	Yes	No	Attached Previously	Year Attached
a Sale document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b Loan document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c Subsequent variances to original sale or loan documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part I Schedule B—Gratuitous Transfers (Continued)

Note. Complete lines 15 through 18 only if you answered "No" to line 3, acknowledging that the foreign trust did not appoint a U.S. agent to provide the IRS with all relevant trust information.

15	(a) Name of beneficiary	(b) Address of beneficiary	(c) U.S. beneficiary?		(d) Identification number, if any
			Yes	No	

16	(a) Name of trustee	(b) Address of trustee	(c) Identification number, if any

17	(a) Name of other persons with trust powers	(b) Address of other persons with trust powers	(c) Description of powers	(d) Identification number, if any

18 If you checked "No" on line 3 (or did not complete lines 3a through 3g), you are required to attach a copy of all trust documents as indicated below. If these documents have been attached to a Form 3520-A or Form 3520 filed within the previous 3 years, attach only relevant updates.

Are you attaching a copy of:	Yes	No	Attached Previously	Year Attached
a Summary of all written and oral agreements and understandings relating to the trust? . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b The trust instrument?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c Memoranda or letters of wishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d Subsequent variances to original trust documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e Trust financial statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f Other trust documents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Schedule C—Qualified Obligations Outstanding in the Current Tax Year (see instructions)

19 Did you, at any time during the tax year, hold an outstanding obligation of a related foreign trust (or a person related to the trust) that you reported as a "qualified obligation" in the current tax year? Yes No
 If "Yes," complete columns (a) through (e) below.

(a) Date of original obligation	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during the tax year	(d) Amount of interest payments made during the tax year	(e) Does the obligation still meet the criteria for a qualified obligation?	
				Yes	No

Part II U.S. Owner of a Foreign Trust (see instructions)

20	(a) Name of other foreign trust owners, if any	(b) Address	(c) Country of residence	(d) Identification number, if any	(e) Relevant Code section
21	(a) Country code of country where foreign trust was created	(b) Country code of country whose law governs the foreign trust	(c) Date foreign trust was created		

22 Did the foreign trust file Form 3520-A for the current year? Yes No
 If "Yes," attach the Foreign Grantor Trust Owner Statement you received from the foreign trust.
 If "No," to the best of your ability, complete and attach a substitute Form 3520-A for the foreign trust.
 See instructions for information on penalties.

23 Enter the gross value of the portion of the foreign trust that you are treated as owning at the end of the tax year ▶ \$

Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (see instructions)

24 Cash amounts or FMV of property received, directly or indirectly, during the current tax year, from the foreign trust (exclude loans included on line 25).

(a) Date of distribution	(b) Description of property received	(c) FMV of property received (determined on date of distribution)	(d) Description of property transferred, if any	(e) FMV of property transferred	(f) Excess of column (c) over column (e)
Totals.					▶ \$

25 During the current tax year, did you (or a person related to you) receive a loan from a related foreign trust (including an extension of credit upon the purchase of property from the trust)? Yes No
 If "Yes," complete columns (a) through (g) below for each such loan.
Note. You are considered to have received a loan if you (or a U.S. person related to you) were permitted the uncompensated use of trust property (as described in section 643(j)). See instructions for additional information, including how to complete columns (a) through (g) for such transactions.

(a) FMV of loan proceeds	(b) Date of original loan transaction	(c) Maximum term of repayment of obligation	(d) Interest rate of obligation	(e) Is the obligation a "qualified obligation?"		(f) FMV of qualified obligation	(g) Amount treated as distribution from the trust (subtract column (f) from column (a))
				Yes	No		
Total							▶ \$

26 With respect to each obligation you reported as a "qualified obligation" on line 25: Do you agree to extend the period of assessment of any income or transfer tax attributable to the transaction, and any consequential income tax changes for each year that the obligation is outstanding, to a date 3 years after the maturity date of the obligation? Yes No
Note. Generally, you must answer "Yes" if you checked "Yes" in column (e) of line 25.

27 Total distributions received during the current tax year. Add line 24, column (f), and line 25, column (g) . . . ▶ \$

28 Did the trust, at any time during the tax year, hold an outstanding obligation of yours (or a person related to you) that you reported as a "qualified obligation" in the current tax year? Yes No
 If "Yes," complete columns (a) through (e) below for each obligation.

(a) Date of original loan transaction	(b) Tax year qualified obligation first reported	(c) Amount of principal payments made during the tax year	(d) Amount of interest payments made during the tax year	(e) Does the loan still meet the criteria of a qualified obligation?	
				Yes	No

Part III Distributions to a U.S. Person From a Foreign Trust During the Current Tax Year (Continued)

29 Did you receive a Foreign Grantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? Yes No N/A

If "Yes," attach the statement and do not complete the remainder of Part III with respect to that distribution.
If "No," complete Schedule A with respect to that distribution. Also complete Schedule C if you enter an amount greater than zero on line 37.

30 Did you receive a Foreign Nongrantor Trust Beneficiary Statement from the foreign trust with respect to a distribution? Yes No N/A

If "Yes," attach the statement and complete either Schedule A or Schedule B below (see instructions). Also complete Schedule C if you enter an amount greater than zero on line 37 or line 41a.
If "No," complete Schedule A with respect to that distribution. Also complete Schedule C if you enter an amount greater than zero on line 37.

Schedule A—Default Calculation of Trust Distributions (see instructions)

31	Enter amount from line 27	
32	Number of years the trust has been a foreign trust (see instructions)	▶ _____
33	Enter total distributions received from the foreign trust during the 3 preceding tax years (or during the number of years the trust has been a foreign trust, if fewer than 3)	_____
34	Multiply line 33 by 1.25	_____
35	Average distribution. Divide line 34 by 3 (or the number of years the trust has been a foreign trust, if fewer than 3) and enter the result	_____
36	Amount treated as ordinary income earned in the current year. Enter the smaller of line 31 or line 35.	_____
37	Amount treated as accumulation distribution. Subtract line 36 from line 31. If -0-, do not complete the rest of Part III	_____
38	Applicable number of years of trust. Divide line 32 by 2 and enter the result here	▶ _____

Schedule B—Actual Calculation of Trust Distributions (see instructions)

39	Enter amount from line 27	_____
40a	Amount treated as ordinary income in the current tax year	_____
b	Qualified dividends	▶ _____
41a	Amount treated as accumulation distribution. If -0-, do not complete Schedule C, Part III	_____
b	Amount of line 41a that is tax-exempt	▶ _____
42a	Amount treated as net short-term capital gain in the current tax year	_____
b	Amount treated as net long-term capital gain in the current tax year	_____
c	28% rate gain	▶ _____
d	Unrecaptured section 1250 gain	▶ _____
43	Amount treated as distribution from trust corpus	_____
44	Enter any other distributed amount received from the foreign trust not included on lines 40a, 41a, 42a, 42b, and 43 (attach explanation)	_____
45	Amount of foreign trust's aggregate undistributed net income	_____
46	Amount of foreign trust's weighted undistributed net income	_____
47	Applicable number of years of trust. Divide line 46 by line 45 and enter the result here	▶ _____

Schedule C—Calculation of Interest Charge (see instructions)

48	Enter accumulation distribution from line 37 or 41a, as applicable	_____
49	Enter tax on total accumulation distribution from line 28 of Form 4970 (attach Form 4970—see instructions)	_____
50	Enter applicable number of years of foreign trust from line 38 or 47, as applicable (round to nearest half-year)	▶ _____
51	Combined interest rate imposed on the total accumulation distribution (see instructions)	_____
52	Interest charge. Multiply the amount on line 49 by the combined interest rate on line 51	_____
53	Tax attributable to accumulation distributions. Add lines 49 and 52. Enter here and as "additional tax" on your income tax return	_____

Part IV U.S. Recipients of Gifts or Bequests Received During the Current Tax Year From Foreign Persons
(see instructions)

54 During the current tax year, did you receive more than \$100,000 that you treated as gifts or bequests from a nonresident alien or a foreign estate? See instructions for special rules regarding related donors Yes No

If "Yes," complete columns (a) through (c) with respect to each such gift or bequest in excess of \$5,000. If more space is needed, attach a statement.

(a) Date of gift or bequest	(b) Description of property received	(c) FMV of property received
02/13/2015	Cash	228,600
Total ▶		\$ 228,600

55 During the current tax year, did you receive more than \$15,601 that you treated as gifts from a foreign corporation or a foreign partnership? See instructions regarding related donors Yes No

If "Yes," complete columns (a) through (g) with respect to each such gift. If more space is needed, attach a statement.

(a) Date of gift	(b) Name of foreign donor	(c) Address of foreign donor	(d) Identification number, if any
(e) Check the box that applies to the foreign donor		(f) Description of property received	(g) FMV of property received
Corporation	Partnership		

56 Do you have any reason to believe that the foreign donor, in making any gift or bequest described in lines 54 and 55, was acting as a nominee or intermediary for any other person? If "Yes," see instructions Yes No

Under penalties of perjury, I declare that I have examined this return, including any accompanying reports, schedules, or statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature *Domingo P. Such, III* Title _____ Date 4/14/16

Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Domingo P. Such, III				██████████
	Firm's name ▶ Perkins Coie LLP			Firm's EIN ▶	██████████
	Firm's address ▶ 131 S Dearborn Street, Suite 1700, Chicago, IL 60603			Phone no.	██████████

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.

Attach to Form 1040 or Form 1040NR.

Attachment
Sequence No. **32**

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

Your social security number

Kirsten E and Jonathan M Gillibrand

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	281,764
2	Medical and dental. If you or your spouse was 65 or older, 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	0
3	Taxes from Schedule A (Form 1040), line 9	3	41,724
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 \$154,950 or less, enter -0-. Otherwise, see instructions	6	(460)
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, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)	28	323,028

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$119,200 \$53,600	}	
	Married filing jointly or qualifying widow(er) 158,900 83,400		
	Married filing separately 79,450 41,700		
	If line 28 is over the amount shown above for your filing status, see instructions.	29	42,368
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	280,660
31	<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 the back and enter the amount from line 64 here. All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result. 	31	74,877
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	74,877
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	63,970
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	10,907

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.

Attachment
Sequence No. 71

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

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	253,924	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	253,924	
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 zero or less, enter -0-	6		3,924
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II	7		35

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	69,263	
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	250,000	
10	Enter the amount from line 4	10	253,924	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		69,263
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III	13		623

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) 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 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18		658
----	--	----	--	-----

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	3,682	
20	Enter the amount from line 1	20	253,924	
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages	21	3,682	
22	Subtract line 21 from line 19. If zero or less, enter -0-. 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 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (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 your tax return.

▶ Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

Attachment
Sequence No. **72**

Name(s) shown on your tax return

Kirsten E and Jonathan M Gillibrand

Your social security number or EIN

Part I Investment Income

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

1	Taxable interest (see instructions)		309
2	Ordinary dividends (see instructions)		
3	Annuities (see instructions)		
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)		
c	Combine lines 4a and 4b		
5a	Net gain or loss from disposition of property (see instructions)	-3,000	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		
d	Combine lines 5a through 5c		-3,000
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		
7	Other modifications to investment income (see instructions)		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		-2,691

Part II Investment Expenses Allocable to Investment Income and Modifications

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

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13–17. Estates and trusts complete lines 18a–21. If zero or less, enter -0-		0
Individuals:			
13	Modified adjusted gross income (see instructions)	325,228	
14	Threshold based on filing status (see instructions)	250,000	
15	Subtract line 14 from line 13. If zero or less, enter -0-	75,228	
16	Enter the smaller of line 12 or line 15		0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (.038). Enter here and include on your tax return (see instructions)		0
Estates and Trusts:			
18a	Net investment income (line 12 above)		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)		
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-	0	
19a	Adjusted gross income (see instructions)		
b	Highest tax bracket for estates and trusts for the year (see instructions)		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	0	
20	Enter the smaller of line 18c or line 19c		0
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here and include on your tax return (see instructions)		0

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.

Attachment
Sequence No. **88**

Name(s) shown on return Kirsten E and Jonathan M Gillibrand	Identifying number [REDACTED]
--	----------------------------------

Part I 2015 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))	1a	
1b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b ()	
1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c ()	
1d Combine lines 1a, 1b, and 1c.	1d	0
Commercial Revitalization Deductions From Rental Real Estate Activities		
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a ()	
2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b ()	
2c Add lines 2a and 2b.	2c ()	
All Other Passive Activities		
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	
3b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b (77)	
3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c (244)	
3d Combine lines 3a, 3b, and 3c.	3d	(321)
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	(321)

- 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	5	0
6 Enter \$150,000. If married filing separately, see instructions	6	
7 Enter modified adjusted gross income, but not less than zero (see instructions) <i>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.</i>	7	0
8 Subtract line 7 from line 6	8	0
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	0
10 Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.	10	0

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	11	0
12 Enter the loss from line 4	12	0
13 Reduce line 12 by the amount on line 10	13	0
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	0

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	0
16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	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
Total. 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
Total. 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		77	244		321
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0	77	244		

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)
Total ▶		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	321	1.000000	321
Total ▶		321	1.00	321

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
K-1 (1065): Wind Crest LLC	1065 K-1, #1	321	321	
Total		321	321	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
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Form or schedule and line number to be reported on (see instructions): _____					
1a Net loss plus prior year unallowed loss from form or schedule . . . ▶					
b Net income from form or schedule ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ▶					
Total		0	1.00	0	0



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2015, through December 31, 2015, or fiscal year beginning

15

and ending

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

Your first name KIRSTEN	MI E	Your last name (for a joint return, enter spouse's name on line below) GILLIBRAND	Your date of birth (mmddyyyy)	Your social security number
Spouse's first name JONATHAN	MI M	Spouse's last name GILLIBRAND	Spouse's (mmddyyyy)	Spouse's ()er
Mailing address (see instructions, page 13) (number and street or PO box)			Ap	New York residence
RENSSELAER				
State		ZIP code	Country (if not United States)	
WYNANTSKILL			School district name	
Permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district code number
				713
City, village, or post office		State	ZIP code	Decedent information
		NY		
			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

- 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 2015 federal income tax return? Yes No
- C** Can you be claimed as a dependent on another taxpayer's federal return? Yes No

D1 Did you have a financial account located in a foreign country? (see page 14) Yes No

D2 Yonkers residents and Yonkers part-year residents only:

(1) Did you receive a property tax freeze credit? (see page 14) Yes No

(2) If Yes, enter the amount 00

E

(1) Did you or your spouse maintain living quarters in NYC during 2015? (see page 14) .. Yes No

(2) Enter the number of days spent in NYC in 2015 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only (see page 14):

(1) Number of months you lived in NYC in 2015

(2) Number of months your spouse lived in NYC in 2015

G Enter your 2-character special condition code(s) if applicable (see page 14)

H Dependent exemption information (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)
THEODORE	I	GILLIBRAND			
HENRY	N	GILLIBRAND			

If more than 7 dependents, mark an **X** in the box.

For office use only

Your social security number
XXXXXXXXXX

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	253924	00
2	Taxable interest income	2	309	00
3	Ordinary dividends	3		00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4		00
5	Alimony received	5		00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	75000	00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	-3000	00
8	Other gains or losses (submit a copy of federal Form 4797)	8		00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box..... <input type="checkbox"/>	9		00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10		00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11		00
12	Rental real estate included in line 11 <input type="text" value="12"/> <input type="text" value="00"/>			
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13		00
14	Unemployment compensation	14		00
15	Taxable amount of social security benefits (also enter on line 27)	15		00
16	Other income (see page 15) Identify:	16		00
17	Add lines 1 through 11 and 13 through 16	17	326233	00
18	Total federal adjustments to income (see page 15) Identify: HALF SE TAX \$1005	18	1005	00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	325228	00

New York additions (see page 16)

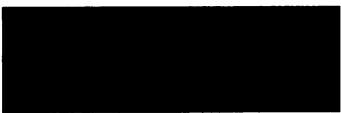
20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments) ...	20		00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21		00
22	New York's 529 college savings program distributions (see page 16)	22		00
23	Other (Form IT-225, line 9)	23		00
24	Add lines 19 through 23	24	325228	00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25		00
26	Pensions of NYS and local governments and the federal government (see page 17).....	26		00
27	Taxable amount of social security benefits (from line 15) ...	27		00
28	Interest income on U.S. government bonds	28		00
29	Pension and annuity income exclusion (see page 18)	29		00
30	New York's 529 college savings program deduction/earnings	30		00
31	Other (Form IT-225, line 18)	31		00
32	Add lines 25 through 31	32		00
33	New York adjusted gross income (subtract line 32 from line 24)	33	325228	00

Standard deduction or itemized deduction (see page 20)

34	Enter your standard deduction (table on page 20) or your itemized deduction (from Form IT-201-D) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard -or- <input type="checkbox"/> Itemized	34	15850	00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	309378	00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	2000	00
37	Taxable income (subtract line 36 from line 35)	37	307378	00



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

Your social security number
[REDACTED]

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	307378	00
39	NYS tax on line 38 amount (see page 21)	39	20441	00
40	NYS household credit (page 21, table 1, 2, or 3)	40		00
41	Resident credit (see page 22)	41	4881	00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42		00
43	Add lines 40, 41, and 42	43	4881	00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	15560	00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45		00
46	Total New York State taxes (add lines 44 and 45)	46	15560	00

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

47	NYC resident tax on line 38 amount (see page 22)	47		00
48	NYC household credit (page 22, table 4, 5, or 6)	48		00
49	Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49		00
50	Part-year NYC resident tax (Form IT-360.1)	50		00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51		00
52	Add lines 49, 50, and 51	52		00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53		00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54		00
54a	MCTMT net earnings base ..	54a		00
54b	MCTMT	54b		00
55	Yonkers resident income tax surcharge (see page 25)	55		00
56	Yonkers nonresident earnings tax (Form Y-203)	56		00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57		00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58		00
59	Sales or use tax (see page 26; do not leave line 59 blank)	59		00

See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.



Voluntary contributions (see page 27)

60a	Return a Gift to Wildlife	60a		00
60b	Missing/Exploited Children Fund	60b		00
60c	Breast Cancer Research Fund	60c		00
60d	Alzheimer's Fund	60d		00
60e	Olympic Fund (\$2 or \$4; see page 27)	60e		00
60f	Prostate and Testicular Cancer Research and Education Fund	60f		00
60g	9/11 Memorial	60g		00
60h	Volunteer Firefighting & EMS Recruitment Fund	60h		00
60i	Teen Health Education	60i		00
60j	Veterans Remembrance	60j		00
60k	Homeless Veterans	60k		00
60l	Mental Illness Anti-Stigma Fund	60l		00
60m	Women's Cancers Education and Prevention Fund	60m		00
60	Total voluntary contributions (add lines 60a through 60m)	60		00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	15560	00

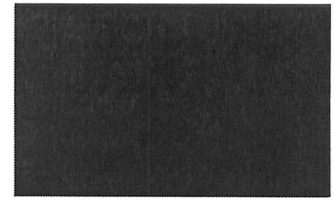


Your social security number

62 Enter amount from line 61 62 15560 00

Payments and refundable credits (see page 28)

63	Empire State child credit	63		00
63a	Family tax relief credit	63a		00
64	NYS/NYC child and dependent care credit	64	240	00
65	NYS earned income credit (EIC)	65		00
66	NYS noncustodial parent EIC	66		00
67	Real property tax credit	67		00
68	College tuition credit	68		00
69	NYC school tax credit (also complete F on page 1; see page 29)	69		00
70	NYC earned income credit	70		00
70a	NYC enhanced real property tax credit	70a		00
71	Other refundable credits (Form IT-201-ATT, line 18)	71		00
72	Total New York State tax withheld	72	10356	00
73	Total New York City tax withheld	73		00
74	Total Yonkers tax withheld	74		00
75	Total estimated tax payments and amount paid with Form IT-370	75		00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).

76 Total payments (add lines 63 through 75) 76 10596 00

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 00

78 Amount of line 77 to be refunded. Mark one refund choice: direct deposit (fill in line 83) -or- debit card -or- paper check 78 00

79 Amount of line 77 that you want applied to your 2016 estimated tax (see instructions) 79 00 See page 31 for information about your three refund choices See page 32 for payment options.

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 4964 00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 32) 81 00 See page 35 for the proper assembly of your return.

82 Other penalties and interest (see page 32) 82 00

83 Account information for direct deposit or electronic funds withdrawal (see page 33). 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 33)

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

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 33) Date Amount 00

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

▼ Paid preparer must complete (see instructions)	Preparer's NYTPRIN	NYTPRIN excl. code	03
Preparer's signature	Preparer's printed name JONATHAN F RUTNIK		
Firm's name (or yours, if self-employed)	Prepare	Employer's name	
Address	Employer's address	Employer's phone number	04132016
E-mail	[REDACTED]		

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

See instructions for where to mail your return.





Department of Taxation and Finance

New York State Resident Credit

IT-112-R

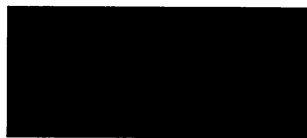
Complete this form if you want to claim a resident credit for taxes paid to another state, local government, or the District of Columbia.

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

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

Part 1 – Income and adjustments <i>(see instructions)</i>	A Amount reported on New York State return	B Amount sourced to and taxed by other taxing authority
	Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.	1 253924 .00	1 89077 .00
2 Taxable interest income	2 309 .00	2 .00
3 Ordinary dividends	3 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes	4 .00	4 .00
5 Alimony received	5 .00	5 .00
6 Business income or loss	6 75000 .00	6 .00
7 Capital gain or loss	7 -3000 .00	7 -1500 .00
8 Other gains or losses	8 .00	8 .00
9 Taxable amount of IRA distributions	9 .00	9 .00
10 Taxable amount of pensions and annuities	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.	11 .00	11 .00
12 Farm income or loss	12 .00	12 .00
13 Unemployment compensation	13 .00	13 .00
14 Taxable amount of social security benefits	14 .00	14 .00
15 Other income	15 .00	15 .00
16 Add lines 1 through 15	16 326233 .00	16 87577 .00
17 Total federal adjustments to income	17 1005 .00	17 .00
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i>	18 325228 .00	18 87577 .00
19 New York adjustments <i>(see instructions)</i>	19 .00	19 .00
20 New York adjusted gross income <i>(line 18 and add or subtract line 19; see instructions)</i>	20 325228 .00	20 87577 .00
21 Capital gain portion of lump-sum distributions <i>(see instr)</i> ..	21 .00	21 .00
22 Add lines 20 and 21	22 325228 .00	22 87577 .00

(continued on back)





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

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions) **23** DC
 Also enter the locality name, if applicable **Locality name:** _____

24 Enter the amount of income tax imposed on this year's return for the other state or local government (see instructions) **24** 4881 .00

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

Enter the group's EIN _____

25 New York State tax payable (see instructions) **25** 20441 .00

26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions) . **26** 0.2693

27 Multiply line 25 by line 26 **27** 5505 .00

28 Enter amount from line 24 or line 27, whichever is less (see instructions) **28** 4881 .00

29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions) **29** .00

30 Add lines 28 and 29 **30** 4881 .00

Part 3 – Application of Credit

31 Tax due before credits (see instructions) **31** 20441 .00

32 Other credits that you applied before this credit (see instructions) **32** .00

33 Subtract line 32 from line 31 **33** 20441 .00

34 Enter the amount from line 30 or line 33, whichever is less (see instructions) **34** 4881 .00

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

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

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions) **35** 6475 .00

36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions) **36** .00

37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions) **37** .00





Department of Taxation and Finance

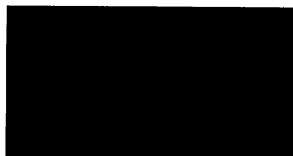
Resident Itemized Deduction Schedule **IT-201-D**

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	Your social security number
KIRSTEN E AND JONATHAN M GILLIBRAND	

Whole dollars only

1	Medical and dental expenses (federal Schedule A, line 4)	1		00
2	Taxes you paid (federal Schedule A, line 9)	2	41724	00
3	Interest you paid (federal Schedule A, line 15)	3		00
4	Gifts to charity (federal Schedule A, line 19)	4	2200	00
5	Casualty and theft losses (federal Schedule A, line 20)	5		00
6	Job expenses / miscellaneous deductions (federal Schedule A, line 27)	6		00
7	Other miscellaneous deductions (federal Schedule A, line 28)	7		00
8	Enter amount from federal Schedule A, line 29	8	43464	00
9	State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instructions)	9	23523	00
10	Subtract line 9 from line 8	10	19941	00
11	Addition adjustments (see instructions)	11		00
12	Add lines 10 and 11	12	19941	00
13	Itemized deduction adjustment (see instructions)	13	4985	00
14	Subtract line 13 from line 12	14	14956	00
15	College tuition itemized deduction (see Form IT-272)	15		00
16	New York State itemized deduction (add lines 14 and 15; enter on Form IT-201, line 34)	16	14956	00





Claim for Family Tax Relief Credit

Submit this form with Form IT-201.

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

Step 1 – Determine eligibility

- Were you a New York State resident for **all** of 2015? 1 Yes No
If **No, stop**; you do not qualify for this credit.
- Did you claim a dependent exemption for a child under age 17 on your return for 2015? 2 Yes No
If **No, stop**; you do not qualify for this credit.
- Enter your New York adjusted gross income from Form IT-201, line 33
If line 3 is less than \$40,000 or more than \$300,000, **stop**; you do not qualify for this credit.
- Enter your line M amount from the *Tax liability worksheet (see instructions)*
If line 4 is less than \$0, **stop**; you do not qualify for this credit.
- If line 4 is \$0 or more, enter **350** here and on line 63a of Form IT-201

Step 2 – Enter dependent information

List below the name, social security number, and date of birth for each dependent claimed on your return. List the youngest first. If you are claiming more than 10 dependents, see instructions.

First name	MI	Last name	Social security number	Date of birth (mmddyyyy)
HENRY	N	GILLIBRAND	[REDACTED]	[REDACTED]
THEODORE	I	GILLIBRAND	[REDACTED]	[REDACTED]





Department of Taxation and Finance

Claim for Child and Dependent Care Credit

IT-216

New York State • New York City

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

Name(s) as shown on return	Your social security number
KIRSTEN E AND JONATHAN M GILLIBRAND	[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]	7530 00
			00

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	MI	B - Last name	C - Qualified expenses paid	D - Person with disability (see instr)	E - Social security number	F - Date of birth (mmddyyyy)
HENRY	N	GILLIBRAND	4653 00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
THEODORE	I	GILLIBRAND	2877 00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
			00	<input type="checkbox"/>		
			00	<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** 7530 00

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

5	6000 00
6	238842 00

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)

7	89077 00
---	----------

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

8	6000 00
---	---------

9 Enter the amount from: federal Form 1040A, line 22,

or federal Form 1040, line 38 **9** 325228 00

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	1200 00
----	---------





- 12 Amount from line 11 12 1200 00
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) 325228 00
Use the *New York State child and dependent care credit limitation table* in the instructions to determine the decimal to be entered on this line 13 0.200
- 14 Multiply line 12 by the decimal amount on line 13. This is your **New York State child and dependent care credit** (see instructions) 14 240 00

Part-year New York State residents

- 15 Enter the amount from Form IT-203, line 40 15 00
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 00
- 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 00
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 00
- 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 00
- 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 00
- 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 00

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 00

IT-201 filers:

- 24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13)..... 24 00
- 25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64 25 00
- 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 00

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 52 27 00
- 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 00

Part-year New York City resident filers only:

- 29 Enter the amount from Worksheet 1, line 10 29 00
- 30 Enter the amount from Worksheet 1, line 11 30 00



2015 SCHEDULE S Supplemental Information and Dependents

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



SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1833

Enter your last name.

GILLIBRAND

Enter your social security number



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

First name	M.I.	Last name	
THEODORE	I	GILLIBRAND	
er			DDYYYY)
	onship		
First name	M.I.	Last name	
Social security number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Social security number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Social security number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Social security number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Social security number	Relationship		Date of Birth (MMDDYYYY)
First name	M.I.	Last name	
Social security number	Relationship		Date of Birth (MMDDYYYY)

Head of household filers SSN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)

Do not enter your information

First name of qualifying non-dependent person M.I. Last name

Your last name
Your SSN

GILLIBRAND

[REDACTED]

[REDACTED]



Calculation G Number of exemptions

Do not attach Schedule S to your D-40, if you only filled in Lines a and i of this Calculation and have not filled in any other sections of Schedule S.

- a Enter 1 for yourself and a 01
- b Enter 1 if you are filing as a head of household and b
- c Enter 1 if you are 65 or over and c
- d Enter 1 if you are blind d

- e Enter number of dependents e 01
- f Enter 1 for your spouse or registered domestic partner filing jointly or filing separately on same return f
- g Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over g
- h Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind h
- i Total number of exemptions Add Lines a - h and enter on D-40, Line 17. i 02

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

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

	You	Your spouse/registered domestic partner
a Federal adjusted gross income <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>	a .00	.00
b Total additions to federal adjusted gross income <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	b .00	.00
c Add Lines a and b.	c .00	.00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 13.</i>	d .00	.00
e DC adjusted gross income <i>Subtract Line d from Line c.</i>	e .00	.00
f Deduction amount <i>Enter each person's portion of deductions entered on D-40, Line 16. (You may allocate this amount any way you like)</i>	f .00	.00
g Exemption amount <i>Enter each person's portion of the exemption amount entered on D-40, Line 18. * If combined AGI exceeds \$150,000, see instructions page 25.</i>	g .00	.00
h Add Lines f and g.	h .00	.00
i Taxable income <i>Subtract Line h from Line e.</i> Mark if minus	i .00	.00
j Tax <i>If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I.</i>	j .00	.00
k Add the amounts on Line j, enter here and on D-40, Line 21	k \$.00 Total tax

EIN's associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 10.

- a b c

- d e f

- g h i



For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, ending _____ See separate instructions.

Your first name M.I. Last name Suffix
Jonathan M **Gillibrand**
 Your social security number
 [REDACTED]

If a joint return, spouse's first name M.I. Last name Suffix
 Spouse's social security number
 [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 [REDACTED] **▲ 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).
 [REDACTED]

Foreign country name Foreign province/state/country Foreign postal code
 [REDACTED] [REDACTED] [REDACTED]

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. **▶ Kirsten Gillibrand**
 First name Last name SSN

Exemptions

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

(1) First name	Last name	(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)
Theodore	Gillibrand	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

d Total number of exemptions claimed **2**

Boxes checked on 6a and 6b: 1
 No. of children on 6a who:
 • lived with you: 1
 • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above: 0
 Add numbers on lines above: **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	89,077
8a	Taxable interest. Attach Schedule B if required	8a	
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 <input type="checkbox"/>	13	-1,500
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
b	Taxable amount	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	87,577

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	
b	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 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	87,577

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	87,577
	39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> 39b		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	22,392
	41	Subtract line 40 from line 38	41	65,185
	42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	8,000
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	57,185
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	10,088
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	2,368
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,250	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	12,456
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	12,456	
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	12,456	
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	14,551
	65	2015 estimated tax payments and amount applied from 2014 return	65	
	66a	Earned income credit (EIC)	66a	
	b	Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	14,551	
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,095
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	2,095
	b	Routing number XXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number XXXXXXXXXXXXXXXXXXXX		
77	Amount of line 75 you want applied to your 2016 estimated tax	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	0
	79	Estimated tax penalty (see instructions)	79	

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) 96647

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	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Jonathan F Rutnik		4/13/2016		
Firm's name	Firm's EIN	Phone no.		

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Jonathan M Gillibrand

Your social security number

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] 87,577				
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead . . .	3	8,758		
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	5	13,416		
	b <input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	8,976		
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8			9	22,392
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
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 no., and address ▶		10			
Name _____					
Address _____					
Note. Your mortgage interest deduction may be limited (see instructions).		11			
12 Points not reported to you on Form 1098. See instructions for special rules		12			
13 Mortgage insurance premiums (see instructions)		13			
14 Investment interest. Attach Form 4952 if required. (See instructions.)		14			
15 Add lines 10 through 14				15	0
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
If you made a gift and got a benefit for it, see instructions.		16			
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17			
18 Carryover from prior year		18			
19 Add lines 16 through 18				19	0
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
20				20	
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.) ▶			
		21			
22 Tax preparation fees		22			
23 Other expenses—investment, safe deposit box, etc. List type and amount ▶		23			
24 Add lines 21 through 23		24	0		
25 Enter amount from Form 1040, line 38 . . . [25] 87,577		25	87,577		
26 Multiply line 25 by 2% (.02)		26	1,752		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-				27	0
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ▶			
				28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		}	29
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					22,392

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2015

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.
- ▶ 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
Jonathan M Gillibrand

Your social security number
[REDACTED]

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)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				0
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 (25,110)
7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back				7 -25,110

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)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				0
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (1,755)
15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on the back				15 -1,755

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

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-26,865
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to 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 the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	<input type="checkbox"/> No. 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	(1,500)
	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 the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	<input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

2015 D-40 SUB Individual Income Tax Return



STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Tax period ending

Personal information

Your telephone number

Mark if

Amended return

SOFTWARE DEVELOPER USE ONLY

Mark if

Filing for a deceased taxpayer

VENDOR D# 1833

Your first name

M.I.

Last name

JONATHAN

M

GILLIBRAND

Spouse's/registered domestic partner's first name

M.I.

Last name

KIRSTEN

GILLIBRAND

Department number if applicable)

[Redacted]

e

4

Filing Status

- 1 Mark only one: Single Married filing jointly X Married filing separately Dependent claimed by someone else
Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.
Registered domestic partners filing jointly or filing separately on same return
Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.

- 2 Mark if you are: Part-year resident in DC from (month) to (month); # of months in DC See instructions.

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

Income Information

- a Wages, salaries, unemployment compensation and/or tips, see instructions a \$ 89077.00
b Business income or loss, see instructions. Mark if loss b \$.00
c Capital gain (or loss). Mark if loss X c \$ 1500.00
d Rental real estate, royalties, partnerships, etc. Mark if loss d \$.00

Computation of DC Gross and Adjusted Gross Income

- 3 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ. Mark if loss 3 \$ 87577.00

Additions to DC Income

- 4 Franchise tax deducted on federal forms, see instructions. 4 \$.00
5 Other additions from DC Schedule I, Calculation A, Line 8. 5 \$.00
6 Add Lines 3, 4 and 5. Mark if loss 6 \$ 87577.00

Subtractions from DC Income

- 7 Part year residents, enter income received during period of nonresidence, see instructions. 7 \$.00
8 Taxable refunds, credits or offsets of state and local income tax. 8 \$.00
9 Taxable amount of social security and tier 1 railroad retirement 9 \$.00
10 Income reported and taxed this year on a DC franchise or fiduciary return. 10 \$.00
11 DC and federal government survivor benefits, see instructions. 11 \$.00
12 Other subtractions from DC Schedule I, Calculation B, Line 16. 12 \$.00
13 Total subtractions from DC income, Lines 7 - 12. 13 \$.00
14 DC adjusted gross income, Line 6 minus Line 13. Mark if loss 14 \$ 87577.00

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name **GILLIBRAND**
Enter your SSN [REDACTED]



15	Deduction type Take the same type of deduction you took on your federal return. Mark which type: Standard <input type="checkbox"/> Itemized <input checked="" type="checkbox"/> See instructions for amount to enter on Line 16.		
16	DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.	16	\$ 8976.00
17	Number of exemptions If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	17	2
18	Exemption amount. Multiply \$1,775 by number on Line 17. Part-year DC residents see Cal E. * If AGI is greater than \$150,000, see instructions on page 25.	18	\$ 3550.00
19	Add Lines 16 and 18.	19	\$ 12526.00
20	DC Taxable income Subtract Line 19 from Line 14. Enter result. Mark if loss	20	\$ 75051.00

DC tax, credits and payments

21	Tax If Line 20 is \$100,000 or less, use tax tables. If more, use Calculation I Mark if filing separately on same return. Complete Calculation J on Schedule S.	21	\$ 4881.00
22	Credit for child and dependent care expenses \$.00 x .32 Enter result > From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	22	\$.00
23	Non-refundable credits from DC Schedule U, Part 1a, Line 7 Attach DC Schedule U.	23	\$.00
24	DC Low Income Credit Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions,	24	\$.00
24a	Enter the number of exemptions claimed on your federal return. 2		
25	Total non-refundable credits. Add Lines 22, 23 and 24.	25	\$.00
26	Total tax. Subtract Line 25 from Line 21. If Line 21 is less than Line 25, leave Line 26 blank.	26	\$ 4881.00
27	DC Earned Income Tax Credit Leave blank if you took Line 24 DC Low Income Credit (LIC)		
27a	Enter the number of qualified EITC children. 27b Enter earned income amount	27a	\$.00
27c	For filers with qualifying children. Enter federal EITC \$.00 x .40 Enter result >	27c	\$.00
27e	For filers without qualifying children. See instructions for special calculations. Enter result >	27e	\$.00
28	Property Tax Credit. From your DC Schedule H; attach a copy.	28	\$.00
29	Refundable credits from DC Schedule U, Part 1b, Line 3 Attach DC Schedule U.	29	\$.00
30	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	30	\$ 6475.00
31	2015 estimated income tax payments and amount applied from 2014 return.	31	\$.00
32	Tax paid with extension of time to file or with original return if this is an amended return.	32	\$.00
33	Total payments and refundable credits. Add Lines 27d or 27e and 28 - 32.	33	\$ 6475.00

Refund Complete if Line 33 is more than Line 26.	
34	Amount you overpaid 34 \$ 1594.00 Subtract Line 26 from Line 33
35	Amount to be applied to your 35 \$.00 2016 estimated tax
36	Penalty See instructions 36 \$.00 Mark if Form D-2210 is attached
37	Underpayment Interest 37 \$.00
38	Refund Subtract sum of Lines 35, 36 and 37 from Line 34. 38 \$ 1594.00
39	Contribution amount 39 \$.00 from Sched. U, Part II, Line 5 Can not exceed refund amt on Line 38 Put additional amt on Line 42.
40	Net refund 40 \$ 1594.00 Subtract Line 39 from Line 38

Amount owed Complete if Line 33 is equal to or less than Line 26.	
41	Tax due 41 \$.00 Subtract Line 33 from Line 26
42	Contribution amount 42 \$.00 from Schedule U, Part II, Line 6
43a	Penalty \$.00
43b	Interest \$.00
43	Enter total P & I. 43 \$.00
Mark if Form D-2210 is attached	
44	Underpayment Interest 44 \$.00
45	Total amount due 45 \$.00 Add Lines 41- 44

Will this refund request or amount owed go to or come from an account outside the U.S.? Yes No See instructions

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website: otr.dc.gov/refundprepaidcards.

Make one refund choice Direct deposit Tax refund card Paper check

Direct Deposit To have your refund deposited into your checking OR savings account, mark X and enter bank routing and account numbers.

Routing Number Account Number

Third Party Designee To authorize another person to discuss this return with the OTR, mark here and enter the name and phone

Designee's name JONATHAN RUTNIK CPA Phone number [REDACTED]

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

Your signature Date Preparer's signature Date

[REDACTED] [REDACTED] [REDACTED] 041316
Spouse's/registered domestic partner's signature if filing jointly Date Identification Number (PTIN) [REDACTED]



2015 D-2210 Underpayment of Estimated Income Tax By Individuals

VENDOR ID # 1833

IMPORTANT: Please read the instructions before completing this form.

Your First name, M.I., Last name
JONATHAN

M GILLIBRAND



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

Spouse's/domestic partner's SSN

Daytime telephone number

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

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

Computation of Underpayment Interest

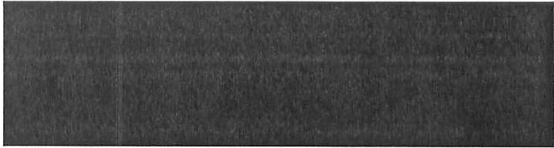
1	2015 DC Tax Liability "total tax" from your DC Individual Income Tax Return	\$	4881
2	Multiply the amount on Line 1 by 90% (.90)	\$	4393
3	2014 DC Tax Liability "total tax" from your DC Individual Income Tax Return X 110%	\$	7635
4	Minimum withholding and estimated tax payment required for tax year 2015 (lesser of Line 2 and 3)	\$	0
5	Multiply Line 4 amount by 25% (.25) for amount required for each periodic payment	\$	0

Note: If your income was not evenly divided over 4 periods, see instructions on the reverse of this form on the "Annualized Income" method.

		Due date of Payments			
		1st Period	2nd Period	3rd Period	4th Period
6	Enter Line 5 amount or the annualized income amount in each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).	04/15/15	06/15/15	09/15/15	01/15/16
	Check here if you are using "Annualized Income" method.	0	0	0	0
7	DC withholding and estimated tax paid each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).			0	0
					6475
8	Underpayment each period (Line 6 minus Line 7)	0	0	0	0
9	Underpayment interest factors	.0175	.0265	.0351	.0259
10	Line 8 multiplied by Line 9	0	0	0	0
11	Underpayment interest – Total of amounts from Line 10 Pay this amount			\$	0

Make check or money order payable to: DC Treasurer

2015 SCHEDULE I SUB
 Additions to and Subtractions from
 Federal Adjusted Gross Income



Make entries using black ink. Attach to your D-40.

		SOFTWARE DEVELOPER USE ONLY	
Enter your last name	Social Security Number	VENDOR ID#	
GILLIBRAND	[REDACTED]	1833	
Calculation A Additions to federal adjusted gross income. <i>Fill in only those that apply.</i>			
1	Part-year DC resident - enter the portion of adjustments (from Federal Form 1040, 1040A or 1040NR) that relate to the time you <u>resided outside</u> DC. <i>For Lines 2 - 7 below include only the amounts related to the time you resided in DC.</i>	1	\$.00
2	Income distributions eligible for income averaging on your federal tax return (from federal Form 4972).	2	\$ 0.00
3	30% or 50% federal bonus depreciation and/or extra IRC § 179 expenses claimed on federal return.	3	\$ 0.00
4	Any part of a discrimination award subject to income averaging.	4	\$.00
5	Deductions for S Corporations from Schedule K-1, form 1120 S.	5	\$.00
6	Other pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 return)	6	\$.00
7	Other (see instructions)	7	\$ 0.00
8	Total additions Add entries on Lines 1-7. Enter the total here and on D-40, Line 5.	8	\$ 0.00
Calculation B Subtractions from federal adjusted gross income. <i>Fill in only those that apply.</i>			
1	Taxable interest from US Treasury bonds and other obligations. <i>(See instructions)</i>	1	\$ 0.00
2	Disability income exclusion from DC Form D-2440, Line 10 <i>(See instructions)</i>	2	\$ 0.00
3	Interest and dividend income of a child from Federal Form 8814*.	3	\$ 0.00
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	4	\$.00
5	Excess of DC allowable depreciation over federal allowable depreciation. <i>See instructions.</i>	5	\$ 0.00
6	Amount paid (or carried over) to DC College Savings plan in 2015 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). <i>Part year residents, see instructions.</i>	6	\$.00
7a	Exclusion of up to \$10,000 for DC residents (certified by the Social Security Admin. as disabled) with adjusted annual household income of less than \$100,000. <i>See instructions.</i>	7a	\$.00
7b	Annual household adjusted gross income. <i>See instructions.</i>	7b	\$.00
8	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. <i>See instructions.</i>	8	\$.00
9	Expenditures by DC teachers for certain tuition and fees, \$1,500 annual limit per person. <i>See instructions.</i>	9	\$.00
10	Loan repayment awards received by health-care professionals from DC government. <i>See instructions.</i>	10	\$.00
11	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. <i>Make no entry if the premium was deducted on your federal return, see instructions</i>	11	\$.00
12	DC Poverty Lawyer Loan Assistance. <i>See instructions.</i>	12	\$.00
13	Other (see instructions)	13	\$ 0.00
14	Military Spouse Residency Relief Act. <i>See instructions.</i>	14	\$.00
15	RESERVED	15	\$
16	Total subtractions. Add entries on Lines 1-7a and 8-15. Enter the total here and on D-40, Line 12.	16	\$ 0.00

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

