

Filing status: ☐ Single ☒ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial

Kirsten

E

Last name

Gillibrand

Your social security number

[REDACTED]

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial

Jonathan

M

Last name

Gillibrand

Spouse's social security number

[REDACTED]

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien☒ Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions.

[REDACTED]

Apt. no.

Presidential Election Campaign

(see inst.) ☒ You ☒ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6.

[REDACTED]

If more than four dependents, see inst. and ✓ here ☐**Dependents** (see instructions):

(2) Social security number

(3) Relationship to you

(4) ✓ if qualifies for (see inst.):

(1) First name

Last name

Child tax credit

Credit for other dependents

Theodore

Gillibrand

[REDACTED]

[REDACTED]

☒☐

Henry

Gillibrand

[REDACTED]

[REDACTED]

☒☐☐☐☐☐**Sign Here**

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

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

[REDACTED]

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

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.)

[REDACTED]

Finance Manager

Paid Preparer Use Only

Preparer's name

Preparer's signature

PTIN

Firm's EIN

Check if:

☒ 3rd Party Designee☐ Self-employed

Firm's name ▶

Phone no.

Firm's address ▶

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

Form **1040** (2018)

1		Wages, salaries, tips, etc. Attach Form(s) W-2	1	167,634
Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.	2a	Tax-exempt interest	2a	119
	3a	Qualified dividends	3a	
	4a	IRAs, pensions, and annuities	4a	
	5a	Social security benefits	5a	0
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	214,753
7		Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	214,083
Standard Deduction for— • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	8	Standard deduction or itemized deductions (from Schedule A)	8	24,000
	9	Qualified business income deduction (see instructions)	9	9,866
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	180,217
	11	a Tax (see inst.) <u>31,831</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	31,831
	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	4,000
	12	a Child tax credit/credit for other dependents <u>4,000</u> b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	27,831
	13	Subtract line 12 from line 11. If zero or less, enter -0-	14	1,339
	14	Other taxes. Attach Schedule 4	15	29,170
	15	Total tax. Add lines 13 and 14	16	23,871
	16	Federal income tax withheld from Forms W-2 and 1099	17	0
17		Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863	17	0
18		Add lines 16 and 17. These are your total payments	18	23,871
Refund Direct deposit? See instructions.	19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	
	20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	
	b Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>			
21		Amount of line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>	21	
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions <input type="checkbox"/>	22	5,385
	23	Estimated tax penalty (see instructions) <input type="checkbox"/>	23	86

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

Attachment
Sequence No. 01

██████████

Schedule 1 (Form 1040) 2018

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

► **Attach to Form 1040.**

► **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Name(s) shown on Form 1040

Kirsten E and Jonathan M Gillibrand

Your social security number

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	1,339	
	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, and other tax-favored accounts. Attach Form 5329 if required	59		
	60a	Household employment taxes. Attach Schedule H	60a		
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b		
	61	Health care: individual responsibility (see instructions)	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	Section 965 net tax liability installment from Form 965-A 63 _____			
	64	Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14	64	1,339	

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

Schedule 4 (Form 1040) 2018

HTA

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

► Go to www.irs.gov/ScheduleB for instructions and the latest information.
► Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment
Sequence No. **08**

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

Part I
Interest

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

(See instructions and the instructions for Form 1040, line 2b.)

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

US Senate Federal Credit Union
Citibank Bank NA
Citibank Bank NA

Amount

35
78
6

1

- 2 Add the amounts on line 1
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 2b ►

2 119
3
4 119

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

Part II
Ordinary Dividends

(See instructions and the instructions for Form 1040, line 3b.)

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

- 5 List name of payer ►

5

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 3b ►

6 0

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

Part III
Foreign Accounts and Trusts

(See instructions.)

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2018, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8 During 2018, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Yes	No
	X
	X

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

- Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018

Attachment
Sequence No. **09**

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 2018? 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 2018, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2018 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 checked="" 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	50,000
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	50,000
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	50,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6	►	7	50,000

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):		
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 (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	0			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	50,000			
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				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (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	50,000			
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 Schedule 1 (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.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2018

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

- Go to www.irs.gov/ScheduleC for instructions and the latest information.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2018
Attachment
Sequence No. **09**

Name of proprietor Jonathan M Gillibrand		Social security number (SSN) [REDACTED]
A Principal business or profession, including product or service (see instructions) Consultant		B Enter code from instructions ► 541990
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 2018? 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 2018, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2018 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	1		
2 Returns and allowances	2		
3 Subtract line 2 from line 1	3	0	
4 Cost of goods sold (from line 42)	4		
5 Gross profit. Subtract line 4 from line 3	5	0	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6		
7 Gross income. Add lines 5 and 6	7	0	

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 (see instructions):				24 Travel and meals:	24		
a Mortgage (paid to banks, etc.)	16a			a Travel	24a		
b Other	16b			b Deductible meals (see instructions)	24b		
17 Legal and professional services	17			25 Utilities	25		
				26 Wages (less employment credits)	26		
				27a Other expenses (from line 48)	27a		
				b Reserved for future use	27b		
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		0		29		0
29 Tentative profit or (loss). Subtract line 28 from line 7	29						
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						
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (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						
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 Schedule 1 (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.			

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2018

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

▶ Attach to Form 1040 or Form 1040NR.

- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2018Attachment
Sequence No. **12**

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

Part I Short-Term Capital Gains and Losses—Generally Assets Held One Year or Less (see instructions)

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	(14,610)
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	-14,610

Part II Long-Term Capital Gains and Losses—Generally Assets Held More Than One Year (see instructions)

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.

HTA

Schedule D (Form 1040) 2018

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	-16,365
	<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Schedule 1 (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 Schedule 1 (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	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet ▶	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet ▶	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 11a (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.		
	<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Schedule 1 (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 3a, 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 11a (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.

Kirsten E and Jonathan M Gillibrand

Your social security number

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, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. 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 (f) 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 ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Wind Crest LLC	P	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Passive Income and Loss				Nonpassive Income and Loss							
(g) Passive loss allowed (attach Form 8582 if required)			(h) Passive income from Schedule K-1		(i) Nonpassive loss from Schedule K-1			(j) Section 179 expense deduction from Form 4562		(k) Nonpassive income from Schedule K-1	
A											
B											
C											
D											
29 a Totals											
b Totals											
30	Add columns (h) and (k) of line 29a								30		
31	Add columns (g), (i), and (j) of line 29b								31	()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31.								32	0	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss					Nonpassive Income and Loss				
(c) Passive deduction or loss allowed (attach Form 8582 if required)			(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1			(f) Other income from Schedule K-1	
A									
B									
34 a Totals									
b Totals									
35	Add columns (d) and (f) of line 34a							35	
36	Add columns (c) and (e) of line 34b							36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36.							37	0

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				0

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 17, or Form 1040NR, line 18	41	0
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code AC; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

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

Social security number of person

with **self-employment** income ▶

Kirsten E Gillibrand

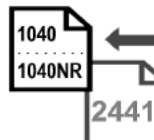
Section B—Long Schedule SE**Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

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"/>
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 AH	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	50,000
3	Combine lines 1a, 1b, and 2	3	50,000
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). 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	46,175
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 don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue ▶	4c	46,175
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% (0.9235). If less than \$100, enter -0-	5b	0
6	Add lines 4c and 5b	6	46,175
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 2018	7	128,400 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 \$128,400 or more, skip lines 8b through 10, and go to line 11	8a	128,400
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% (0.124)	10	0
11	Multiply line 6 by 2.9% (0.029)	11	1,339
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 4 (Form 1040), line 57, or Form 1040NR, line 55	12	1,339
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27	13	670

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

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than \$7,920, or (b) your net farm profits ² were less than \$5,717.		
14	Maximum income for optional methods	00
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$5,280. Also include this amount on line 4b above	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$5,717 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.		
16	Subtract line 15 from line 14	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	

¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.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.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 J1.⁴ 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

OMB No. 1545-0074

2018Attachment
Sequence No. **21**Department of the Treasury
Internal Revenue Service (99)

- ▶ Attach to Form 1040 or Form 1040NR.
- ▶ Go to www.irs.gov/Form2441 for instructions and the latest information.

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

You cannot claim a credit for child and dependent care expenses if your filing status is married filing separately unless you meet the requirements listed in the instructions under "Married Persons Filing Separately." If you meet these requirements, check this box. ☐

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)
				1,707

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. For details, see the instructions for Schedule 4 (Form 1040), line 60a; or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses2 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 2018 for the person listed in column (a)
First	Last		
Henry	Gillibrand		1,707

3 Add the amounts in column (c) of line 2. Don't 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 7; or Form 1040NR, line 36

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 2017 expenses in 2018, 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 Schedule 3 (Form 1040), line 49; or Form 1040NR, line 47

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

Form **2441** (2018)

Part III Dependent Care Benefits

12	Enter the total amount of dependent care benefits you received in 2018. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't 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 2017 and used in 2018 during the grace period. See instructions	13		
14	Enter the amount, if any, you forfeited or carried forward to 2019. See instructions	14	()
15	Combine lines 12 through 14. See instructions	15		0
16	Enter the total amount of qualified expenses incurred in 2018 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? <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. 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-	25		0
26	Taxable benefits. Subtract line 25 from line 23. If zero or less, enter -0-. Also, include this amount on Form 1040, line 1; or Form 1040NR, line 8. On the dotted line next to Form 1040, line 1; or Form 1040NR, line 8, 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	Add lines 24 and 25	28		0
29	Subtract line 28 from line 27. If zero or less, stop . You can't take the credit. Exception. If you paid 2017 expenses in 2018, see the instructions for line 9	29		0
30	Complete line 2 on the front of this form. Don't 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

Alternative Minimum Tax—Individuals

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/Form6251 for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

2018Attachment
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	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	1	180,217
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8.	2a	24,000
b	Tax refund from Schedule 1 (Form 1040), line 10 or line 21.	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	
d	Depletion (difference between regular tax and AMT)	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount.	2e	
f	Alternative tax net operating loss deduction.	2f	()
g	Interest from specified private activity bonds exempt from the regular tax.	2g	
h	Qualified small business stock, see instructions.	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income).	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss).	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	2l	
m	Passive activities (difference between AMT and regular tax income or loss).	2m	
n	Loss limitations (difference between AMT and regular tax income or loss).	2n	
o	Circulation costs (difference between regular tax and AMT).	2o	
p	Long-term contracts (difference between AMT and regular tax income).	2p	
q	Mining costs (difference between regular tax and AMT).	2q	
r	Research and experimental costs (difference between regular tax and AMT).	2r	
s	Income from certain installment sales before January 1, 1987.	2s	()
t	Intangible drilling costs preference.	2t	
3	Other adjustments, including income-based related adjustments.	3	
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	4	204,217

Part II Alternative Minimum Tax (AMT)

5	Exemption. (If you were under age 24 at the end of 2018, see instructions.)		
IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . .			
Single or head of household \$ 500,000		\$ 70,300	}
Married filing jointly or qualifying widow(er) 1,000,000		109,400	
Married filing separately 500,000		54,700	
If line 4 is over the amount shown above for your filing status, see instructions.			
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.	6	94,817
7	<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 Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; 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 40 here. All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result. 	7	24,652
8	Alternative minimum tax foreign tax credit (see instructions)	8	
9	Tentative minimum tax. Subtract line 8 from line 7.	9	24,652
10	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions).	10	31,831
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45.	11	0

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

Form **6251** (2018)

Department of the Treasury
Internal Revenue Service (99)▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.▶ Go to www.irs.gov/Form8582 for instructions and the latest information.Attachment
Sequence No. **88**

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Identifying number

Part I 2018 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		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()
c Prior years' unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()
d 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	()
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()
c Add lines 2a and 2b	2c	()

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(77)
c Prior years' unallowed losses (enter the amount from Worksheet 3, column (c))	3c	(478)
d Combine lines 3a, 3b, and 3c.	3d	(555)

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	(555)
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- 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)	7		0
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.			
8 Subtract line 7 from line 6	8		0
9 Multiply line 8 by 50% (0.50). 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	10		0

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

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	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 2018. 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	478		555
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	0	77	478		

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	Sch E, Part II	555	1.000000	555
Total ▶		555	1.00	555

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	Sch E, Part II	555	555	
Total		555	555	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

Form **8867**Department of the Treasury
Internal Revenue Service**Paid Preparer's Due Diligence Checklist**

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

▶ To be completed by preparer and filed with Form 1040, 1040NR, 1040SS, or 1040PR.

▶ Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2018Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Enter preparer's name and PTIN

Taxpayer identification number

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on this return and complete the related Parts I–V for the benefit(s), and/or HOH filing status claimed (check all that apply).

EIC

☐CTC/
ACTC/ODC☒

AOTC

☐

HOH

☐

1 Did you complete the return based on information for tax year 2018 provided by the taxpayer or reasonably obtained by you?

☒ Yes ☐ No

2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040SS, 1040PR, or 1040NR instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?

☒ Yes ☐ No ☐ N/A3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
• Interview the taxpayer, ask questions, and document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and the amount of any credit(s) claimed.☒ Yes ☐ No

4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)

☐ Yes ☒ No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information?

☐ Yes ☐ No

b Did you document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)

☐ Yes ☐ No

5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to compute the amount of the credit(s)

☒ Yes ☐ No

List those documents, if any, that you relied on.

Long History of Tax Preparation.

Proof of Health Insurance.

6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount of any credit(s) claimed on the return if his/her return is selected for audit?

☒ Yes ☐ No7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?
(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)☒ Yes ☐ No ☐ N/A

a Did you complete the required recertification Form 8862?

☐ Yes ☐ No ☐ N/A

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Form 1040, Schedule C?

☒ Yes ☐ No ☐ N/A

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2018)

HTA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
9 a Have you determined that this taxpayer is, in fact, eligible to claim the EIC for the number of children for whom the EIC is claimed, or to claim the EIC if the taxpayer has no qualifying child? (Skip 9b and 9c if the taxpayer is claiming the EIC and does not have a qualifying child.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States'		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
13 Did the taxpayer provide the required substantiation for the credit, including a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	EIC	CTC/ ACTC/ODC	AOTC	HOH
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Part VI Eligibility Certification▶ **You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:**

- Interview the taxpayer, ask adequate questions, document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to determine the amount of the credit(s) claimed;
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; **and**
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of Form 8867;
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed;
 - Copies of any documents provided by the taxpayer on which you relied to determine eligibility for the credit(s) and/or HOH filing status;
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained; and
 - A record of any additional questions you may have asked to determine eligibility to claim the credit(s), and/or HOH filing status and the amount(s) of any credit(s) claimed and the taxpayer's answers.

▶ **If you have not complied with all due diligence requirements, you may have to pay a \$520 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.**

15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Service Trades or Businesses: Qualified Business Income Deduction Worksheet

Activity: Sch C: 01

NOTE: If taxable income before this deduction is over \$207,500 (\$415,000 for MFJ), you do not qualify for the qualified business income deduction and do not complete this worksheet.

1	Qualified business income	1	<u>49,330</u>
2	W-2 wages	2	<u></u>
3	Qualified property	3	<u>0</u>

Is Form 1040, line 10 equal to or less than \$157,500 (\$315,000 for MFJ)?

☒ Yes. Skip lines 4 through 7. Enter the amount from line 1 on line 8.

☐ No. Continue to line 4.

4	Threshold amount. Enter \$207,500 (\$415,000 for MFJ)	4	<u>0</u>
5	Taxable income amount from Form 1040, line 10	5	<u>0</u>
6	Subtract line 5 from line 4	6	<u>0</u>
7	Divide line 6 by \$50,000 (\$100,000 for MFJ)	7	<u>0.00%</u>
8	Multiply line 1 by line 7	8	<u>49,330</u>
9	Multiply line 2 by line 7	9	<u>0</u>
10	Multiply line 3 by line 7	10	<u>0</u>

Qualified Business Income Deduction Worksheet

Activity: Sch C: 01

1	Qualified business income	1	49,330	
2	Multiply line 1 by 20%	2	9,866	
3	W-2 wages	3	0	
	a 50% of W-2 wages	3a	0	
	b 25% of W-2 wages	3b	0	
4	2.5% of qualified property	4	0	
5	Greater of line 3a or line 3b plus line 4	5	0	
6	Cooperative dividends adjustment	6		
Is Form 1040, line 10 equal to or less than \$157,500 (\$315,000 for MFJ)?				
<input checked="" type="checkbox"/>	Yes. Skip lines 7 through 12. Subtract line 6 from line 2 and enter the amount on line 13.			
<input type="checkbox"/>	No. Is Form 1040, line 10 more than \$207,500 (\$415,000 for MFJ) or is line 5 greater than line 2?			
<input type="checkbox"/>	Yes. Skip lines 7 through 12. Subtract line 6 from the lesser of lines 2 or 5 and enter the amount on line 13.			
<input type="checkbox"/>	No. Continue to line 7.			
7	Subtract line 5 from line 2	7	0	
8	Taxable income amount from Form 1040, line 10	8	0	
9	Threshold amount. Enter \$157,500 (\$315,000 for MFJ)	9	0	
10	Subtract line 9 from line 8	10	0	
11	Divide line 10 by \$50,000 (\$100,000 for MFJ)	11	0.00%	
12	Multiply line 7 by line 11	12	0	
13	Subtract lines 12 and 6 from line 2. This is the QBI deduction for this trade or business	13	9,866	



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, 2018, through December 31, 2018, or fiscal year beginning

18

and ending

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

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your social security number
KIRSTEN	E	GILLIBRAND		
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
JONATHAN	M	GILLIBRAND		
Mailing address (see instructions, page 14) (number and street or PO box)			Apartment number	New York City residence
				RENSSELAER
State			ZIP code	Country (if not United States)
				School district name
				WYNANTSKILL
Permanent home address (see instructions, page 14) (number and street or rural route)			Apartment number	
City, village, or post office			State	ZIP code
NY			Decedent information	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)

B Did you itemize your deductions on your 2018 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 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**(1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐

(2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse maintain living quarters in NYC during 2018? (see page 15) Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

(1) Number of months you lived in NYC in 2018

(2) Number of months your spouse lived in NYC in 2018 ...

G Enter your 2-character special condition code(s) if applicable (see page 15)**H Dependent information (see page 16)**

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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	167634.00
2	Taxable interest income	2	119.00
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	50000.00
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 12 .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 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	214753.00
18	Total federal adjustments to income (see page 16) Identify: HALF SE TAX 670	18	670.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	214083.00

New York additions (see page 17)

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 17)	21	.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	214083.00

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 18)	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 19)	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	214083.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input type="checkbox"/> Standard -or- <input checked="" type="checkbox"/> Itemized	34	21477.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	192606.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	2000.00
37	Taxable income (subtract line 36 from line 35)	37	190606.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

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

Your social security number

IT-201 (2018) Page 3 of 4

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	190606.00
39	NYS tax on line 38 amount (see page 22)	39	12523.00
40	NYS household credit (page 21, table 1, 2, or 3)	40	.00
41	Resident credit (see page 23)	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	12523.00
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	12523.00

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

47	NYC taxable income (see instructions)	47	.00
47a	NYC resident tax on line 47 amount (see page 23)	47a	.00
48	NYC household credit (page 23)	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, 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 26)	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 27; do not leave line 59 blank)	59	0.00

Voluntary contributions (see page 28)

60a	Return a Gift to Wildlife	60a	.00	60o	Veterans' Homes	60o	.00
60b	Missing/Exploited Children	60b	.00	60p	Love Your Library Fund	60p	.00
60c	Breast Cancer Research	60c	.00	60q	Lupus Fund	60q	.00
60d	Alzheimer's Fund	60d	.00	60r	Military Family Fund	60r	.00
60e	Olympic Fund (\$2 or \$4)	60e	.00	60s	CUNY Fund	60s	.00
60f	Prostate Cancer	60f	.00				
60g	9/11 Memorial	60g	.00				
60h	Volunteer Firefighting	60h	.00				
60i	Teen Health Education	60i	.00				
60j	Veterans Remembrance	60j	.00				
60k	Homeless Veterans	60k	.00				
60l	Mental Illness Anti-Stigma	60l	.00				
60m	Women's Cancers Fund	60m	.00				
60n	Autism Fund	60n	.00				
60	Total voluntary contributions (add lines 60a through 60s)	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	12523.00				

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number

62 Enter amount from line 61

62

12523.00

Payments and refundable credits (see pages 29 through 32)

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.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 (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.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	10747.00
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 13).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75)

76

10747.00

Your refund, amount you owe, and account information (see pages 33 through 35)

77	Amount overpaid (see instructions)	77	.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	.00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	.00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) -or- ☐ paper check

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions)

79

.00

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

See page 34 for payment options.

80

1776.00

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

81

.00

82 Other penalties and interest (see page 34)

82

.00

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box (see pg 35)

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

83b Routing number

83c Account number

84 Electronic funds withdrawal (see page 35)

Date

Amount

.00

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

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code	03
Preparer's signature		Preparer's printed name		
(Typed name)		Prepare		
		Employer's name		
		03262019		
E-mail:				

▼ 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

for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Department of Taxation and Finance

New York Resident, Nonresident, and Part-Year Resident Itemized Deductions

IT-196

Submit this form with Form IT-201 or IT-203. See instructions for completing Form IT-196.

Name(s) as shown on your Form IT-201 or IT-203	Your Social Security number
KIRSTEN E AND JONATHAN M GILLIBRAND	[REDACTED]

Medical and dental expenses**Caution:** Do not include expenses reimbursed or paid by others.

1 Medical and dental expenses (see instructions)	1	.00
2 Enter amount from Form IT-201 or IT-203, line 19	2	214083.00
3 Multiply line 2 by 10% (0.10)	3	21408.00
4 Subtract line 3 from line 1 (if line 3 is more than line 1, leave blank)	4	.00

Taxes you paid (see instructions)

5 State and local (Mark an X in only one box) a <input checked="" type="checkbox"/> Income taxes - or - b <input type="checkbox"/> General sales tax	5	16252.00
6 State and local real estate taxes	6	19354.00
7 State and local personal property taxes	7	.00
8 Other taxes. List type and amount	8	.00
9 Add lines 5 through 8	9	35606.00

Interest you paid (see instructions)

10 Home mortgage interest and points reported to you on federal Form 1098	10	.00
11 Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the home, show that person's name, identifying number, and address	11	.00
12 Points not reported to you on federal Form 1098	12	.00
13 Reserved	13	
14 Investment interest	14	.00
15 Add lines 10 through 14	15	.00

Gifts to charity (see instructions)

16 Gifts by cash or check. (If you made any gift of \$250 or more, see instructions)	16	3750.00
17 Other than by cash or check. (If you made any gift of \$250 or more, see instructions)	17	.00
18 Carryover from prior year	18	.00
19 Add lines 16, 17, and 18	19	3750.00

NO HANDWRITTEN ENTRIES ON THIS FORM

Your Social Security number

Casualty and theft losses

20 Casualty or theft loss(es) other than federal qualified disaster losses (see instructions) **20** .00

Job expenses and certain miscellaneous deductions (see instructions)

21	Unreimbursed employee expenses – job travel, union dues, etc.	21	.00
22	Job related education expenses	22	.00
23	Tax preparation fees	23	510.00
24	Other expenses – investment, safe deposit box, etc. List type and amount	24	.00
25	Add lines 21 through 24	25	510.00
26	Enter amount from Form IT-201 or IT-203, line 19	26	214083.00
27	Multiply line 26 by 2% (0.02)	27	4282.00
28	Subtract line 27 from line 25 (if line 27 is more than line 25, leave blank)	28	.00

Other miscellaneous deductions

29	Gambling losses (see instructions)	29	.00
30	Casualty and theft losses of income-producing property (see instructions)	30	.00
31	Federal estate tax on income in respect of a decedent (see instructions)	31	.00
32	Deduction for amortizable bond premiums (see instructions) ..	32	.00
33	An ordinary loss attributable to a contingent payment debt instrument or an inflation-indexed debt instrument	33	.00
34	Deduction for repayment of amounts under a claim of right if over \$3000 (see instructions)	34	.00
35	Certain unrecovered investments in a pension (see instructions) ..	35	.00
36	Impairment-related work expenses of a disabled person (see instructions)	36	.00
37	Federal qualified disaster loss (see instructions)	37	.00
38	Loss from other activities from federal Schedule K-1 (Form 1065-B), box 2 (see instructions)	38	.00
39	Add lines 29 through 38	39	.00

Total itemized deductions (see instructions)

Is Form IT-201 or IT-203, line 19, over \$160,000? (Mark an X in the appropriate box)

☐ If **No**, your deduction is not limited. Add the amounts in the far right column for lines 4 through 39 and enter the amount on line 40.

☒ If **Yes**, your deduction may be limited. See the Line 40, Total itemized deductions worksheet, in the instructions to compute the amount to enter on line 40.

40 **40** 39356.00

NO HANDWRITTEN ENTRIES ON THIS FORM

Adjustments

41	State, local, and foreign income taxes (or general sales tax, if applicable), and other subtraction adjustments (see instructions)	41	16252.00
42	Subtract line 41 from line 40 (see instructions)	42	23104.00
43	College tuition itemized deduction (Form IT-203 filers only, IT-201 filers leave blank and skip to line 44) (Form IT-203-B, line 2; see instructions)	43	.00
44	Addition adjustments (see instructions)	44	.00
45	Add lines 42, 43, and 44	45	23104.00
46	Itemized deduction adjustment (see instructions)	46	1627.00
47	Subtract line 46 from line 45 (see instructions)	47	21477.00
48	College tuition itemized deduction (Form IT-201 filers only, IT-203 filers leave blank and skip to line 49) (See Form IT-272, Claim for College Tuition Credit or Itemized Deduction) (see instructions)	48	.00
49	New York State itemized deduction (add lines 47 and 48; enter on Form IT-201, line 34 or Form IT-203, line 33) (see instructions)	49	21477.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Claim for Empire State Child Credit

IT-213

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

Step 1 – Enter identifying information

Your name as shown on return	Your social security number (SSN)
KIRSTEN E GILLIBRAND	[REDACTED]
Spouse's name	Spouse's SSN
JONATHAN M GILLIBRAND	[REDACTED]

Step 2 – Determine eligibility

- 1 Were you (and your spouse if filing a joint New York State return) New York State residents for **all** of 2018? **1** Yes ☒ No ☐
If you marked an **X** in the **No** box, **stop**; you do not qualify for this credit.
- 2 Did you claim the federal child tax credit, additional child tax credit, or credit for other dependents in 2018?..... **2** Yes ☒ No ☐
- 3 Is your federal adjusted gross income (*see instructions*)
– \$110,000 or less and your filing status is (2) married filing joint return;
– \$75,000 or less and your filing status is (1) single, (4) head of household, or (5) qualifying widow(er); **or**
– \$55,000 or less and your filing status is (3) married filing separate return? **3** Yes ☐ No ☒
If you marked an **X** in the **No** box at both lines 2 and 3, **stop**; you do not qualify for this credit.
- 4 Enter the number of children who qualify for the **federal** child tax credit, additional child tax credit, or credit for other dependents (*see instructions*) **4** 02
- 5 Enter the number of children from line 4 that were at least four but less than 17 years of age on December 31, 2018 **5** 02
If you entered **0** on line 5, **stop**; you do not qualify for this credit.

Step 3 – Enter child information

List below the name, SSN or individual taxpayer identification number (ITIN), and date of birth for each child included on line 4.

First name	MI	Last name	Suffix	SSN or ITIN	Date of birth (mmddyyyy)
THEODORE	I	GILLIBRAND		[REDACTED]	[REDACTED]
HENRY	N	GILLIBRAND		[REDACTED]	[REDACTED]

Use Form IT-213-ATT if you have additional children to report (*see instructions*).

NO HANDWRITTEN ENTRIES ON THIS FORM

Step 4 – Compute credit

If you answered **Yes** to question 2, you must complete Worksheet A or B and Worksheet C beginning on page 2 of the instructions before you continue with line 6.

If you answered **No** to question 2, skip lines 6 through 12, and enter **0** on line 13; continue with line 14.

Whole dollars only

6 Enter the amount from Worksheet A, line 10 or Worksheet B, line 12 (see instructions)	6	.00
7 Enter your additional child tax credit amount from Worksheet C (see instructions)	7	.00
8 Add lines 6 and 7	8	.00

If the amount on line 8 is zero, skip lines 9 through 12, and enter **0** on line 13; continue with line 14.

If the amount on line 8 is more than zero, continue with line 9.

9 Enter the number of children from line 4	9	
10 Divide line 8 by line 9	10	.00
11 Enter the number of children from line 5	11	
12 Multiply line 10 by line 11	12	.00
13 Multiply line 12 by 33% (.33)	13	0.00

If you marked the **No** box on line 3, skip lines 14 and 15, and enter the amount from line 13 on line 16.

All others continue with line 14.

14 Enter the number of children from line 5	14	
15 Multiply line 14 by 100	15	.00
16 Empire State child credit (enter the amount from line 13 or line 15, whichever is greater)	16	.00

If you filed a joint federal return but are required to file separate New York State returns, continue with lines 17 and 18. All others enter the line 16 amount on Form IT-201, line 63.

Step 5 – Spouses required to file separate New York State returns (see instructions)

17 Enter the full-year resident spouse's share of the line 16 amount; do not leave line 17 blank Enter here and on Form IT-201, line 63.	17	0.00
18 Enter the part-year resident or nonresident spouse's share of the line 16 amount; do not leave line 18 blank	18	0.00

Enter the line 18 amount and code **213** on Form IT-203-ATT, line 12.

NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

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 name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
1st Care provider	[REDACTED] City [REDACTED] State [REDACTED]	[REDACTED]	1707.00
2nd Care provider	[REDACTED] City [REDACTED] State [REDACTED] ZIP code [REDACTED]	[REDACTED]	.00

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

A				B		C	D	E	F
First name	MI	Last name	Suffix	Qualified expenses paid	Person with disability (see instr.)	Social security number	Date of birth (mmddyyyy)		
HENRY	N	GILLIBRAND		1707.00	<input type="checkbox"/>				
				.00	<input type="checkbox"/>				
				.00	<input type="checkbox"/>				
				.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** 1707.00**3b** Enter the amount from Worksheet 1, line 16, if applicable (see instr.) **3b** 1707.00

- 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
- line 3b above; or
- 3,000 if one qualifying person, 6,000 if two qualifying persons, 7,500 if three qualifying persons, 8,500 if four qualifying persons, or 9,000 if five or more qualifying persons

Whole dollars only

5 1707.00**6** Enter your earned income (see instructions) **6** 216964.00**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** .00**8** Enter the smallest of line 5, 6, or 7 **8** .00**9** Enter the amount from federal Form 1040, line 7 **9** 214083.00**10** Enter the decimal amount that applies to the amount on line 9 from the Table for line 10 in the instr **10** 0.20**11** Multiply line 8 by the decimal amount on line 10 (enter here and on line 12 on page 2) **11** .00

NO HANDWRITTEN ENTRIES ON THIS FORM

- 12 Amount from line 11 **12**00
- 13 Enter your **New York adjusted gross income** (Form IT-201 filers, line 33; Form IT-203 filers, line 32) **214083.00**
- 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**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**00
- 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 5 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 2, 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 2, 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 2, 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 2, 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 2, line 10 **29**00
- 30 Enter the amount from Worksheet 2, line 11 **30**00



Department of Taxation and Finance

Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

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

W-2 Record 1

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box c Employer's information

Employer's name

UNITED STATES SENATE DISBURSING OFFICE

Employer's address (number and street)

RM SH-127 HART OFFICE BLDG

City State ZIP code Country (if not United States)

WASHINGTON DC 205107104

Box 12a Amount Code

Box 12b Amount Code

Box 12c Amount Code

Box 12d Amount Code

Box 14a Amount Description

Box 14b Amount Description

Box 14c Amount Description

Box 14d Amount Description

Box 13 Statutory employee Retirement plan Third-party sick pay

NY State information: Box 15a NY State

Box 16a NYS wages, tips, etc.

Box 17a NYS income tax withheld

Other state information: Box 15b Other state

Box 16b Other state wages, tips, etc.

Box 17b Other state income tax withheld

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box 1 Wages, tips, other compensation

Box 8 Allocated tips

Box 10 Dependent care benefits

Box 11 Nonqualified plans

Box c Employer's information

Employer's name

Employer's address (number and street)

City State ZIP code Country (if not United States)

Box 12a Amount Code

Box 12b Amount Code

Box 12c Amount Code

Box 12d Amount Code

Box 14a Amount Description

Box 14b Amount Description

Box 14c Amount Description

Box 14d Amount Description

Box 13 Statutory employee Retirement plan Third-party sick pay

NY State information: Box 15a NY State

Box 16a NYS wages, tips, etc.

Box 17a NYS income tax withheld

Other state information: Box 15b Other state

Box 16b Other state wages, tips, etc.

Box 17b Other state income tax withheld

NYC and Yonkers

information (see instr.):

Box 18 Local wages, tips, etc.

Box 19 Local income tax withheld

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM



Line 41 (NY IT-196) - Subtraction Adjustments

A	State and local income taxes (or general sales tax, if applicable) and any foreign income taxes	A	<u>16,252</u>
1	Total taxes and other subtraction adjustments.		<u>16,252</u>