

Form 1040

Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

(99)

2015

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning _____, ending _____				See separate instructions.		
Your first name Kirsten	M.I. E	Last name Gillibrand	Suffix	Your social security number [REDACTED]		
If a joint return, spouse's first name Jonathan	M.I. M	Last name Gillibrand	Suffix	Spouse's social security number [REDACTED]		
Home address (number and street). If you have a P.O. box, see instructions. [REDACTED]				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]				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse		
Foreign country name		Foreign province/state/county	Foreign postal code			
Filing Status	1 <input type="checkbox"/> Single	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.	4 <input type="checkbox"/> 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.		
Check only one box.	First name _____ Last name _____		First name _____ Last name _____ SSN _____			
Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	6b <input checked="" type="checkbox"/> Spouse	6c Dependents: (1) First name _____ Last name _____ Theodore Gillibrand Henry Gillibrand	(2) Dependent's social security number [REDACTED]	(3) Dependent's relationship to you [REDACTED] [REDACTED] <input checked="" type="checkbox"/> [REDACTED] [REDACTED] <input checked="" type="checkbox"/> [REDACTED] [REDACTED] <input type="checkbox"/>	} Boxes checked on 6a and 6b No. of children on 6c who: • lived with you _____ • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above _____ Add numbers on lines above ►
If more than four dependents, see instructions and check here ► <input type="checkbox"/>	6d Total number of exemptions claimed _____	6e Qualifying widow(er) with dependent child 5 <input type="checkbox"/>				
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 253,924	8a Taxable interest. Attach Schedule B if required	8a 309	8b	
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8b Tax-exempt interest. Do not include on line 8a	8b	9a Ordinary dividends. Attach Schedule B if required	9a	9b	
If you did not get a W-2, see instructions.	9b 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 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	16a Pensions and annuities	16b	
	16a Pensions and annuities	16a	17	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	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	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. } Total boxes checked ► 39a		
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	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ► 39b <input type="checkbox"/>		
	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		
	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		
If you have a qualifying child, attach Schedule EIC.	b Nontaxable combat pay election	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 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 ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
Direct deposit? See instructions.	d Account number			
	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)? <input checked="" type="checkbox"/> Yes, Complete below. <input type="checkbox"/> 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
	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 Jonathan F Rutnik	Preparer's signature	Date 4/13/2016
	Firm's name ►	Firm's EIN ►	Check <input type="checkbox"/> if self-employed
	Firm's address ►		PTIN
			Phone no.

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

OMB No. 1545-0074

2015

Attachment

Sequence No.

07

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
► Attach to Form 1040.

Name(s) shown on Form 1040

Kirsten E and 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	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		
7	Real estate taxes (see instructions)	7				
8	Personal property taxes	8				
9	Add lines 5 through 8	9		41,724		
Interest You Paid		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			
Gifts to Charity		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	
Casualty and Theft Losses		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,200		
		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	
Job Expenses and Certain Miscellaneous Deductions		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
		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 Other—from list in instructions. List type and amount ►	28			
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?	29			
		<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.				
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>				

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2015

Attachment
Sequence No. 09

- 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	
9	Car and truck expenses (see instructions)	9	
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest: a Mortgage (paid to banks, etc.) b Other	16a	
17	Legal and professional services	17	
18	Office expense (see instructions)	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions): a Vehicles, machinery, and equipment b Other business property	20a	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	
24	Travel, meals, and entertainment: a Travel b Deductible meals and entertainment (see instructions)	24a	
25	Utilities	25	
26	Wages (less employment credits)	26	
27a	Other expenses (from line 48)	27a	
27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ► <input type="checkbox"/>	28	0
29	Tentative profit or (loss). Subtract line 28 from line 7	29	75,000
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).	30	
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.

For Paperwork Reduction Act Notice, see the separate instructions.

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Schedule C (Form 1040) 2015

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
- 36 Purchases less cost of items withdrawn for personal use
- 37 Cost of labor. Do not include any amounts paid to yourself
- 38 Materials and supplies
- 39 Other costs
- 40 Add lines 35 through 39
- 41 Inventory at end of year
- 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4

35	
36	
37	
38	
39	
40	0
41	
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)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

OMB No. 1545-0074

2015

Attachment
Sequence No. **12**

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number

► Attach to Form 1040 or Form 1040NR.

- Information about Schedule D and its separate instructions is at www.irs.gov/schedule.
- Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

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.

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Schedule D (Form 1040) 2015

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <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. <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ►</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ►</p> <p>20 Are lines 18 and 19 both zero or blank?</p> <p><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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500) <p>Note. When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><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).</p> <p><input checked="" type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>	16 17 18 19 20 21 (3,000) 22
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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 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 any amount is not at risk
A	Wind Crest LLC	P	<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss**Nonpassive Income and Loss**

	(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A					
B					
C					
D					
29 a Totals					
b Totals					
30 Add columns (g) and (j) of line 29a					30
31 Add columns (f), (h), and (i) of line 29b					31 ()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below					32 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
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. Enter the result here and include in the total on line 41 below		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				39 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 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 V; 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)

Kirsten E Gillibrand

Social security number of person
with self-employment income ► [REDACTED]**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 ►

- 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).

- 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.

- 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).

- 3 Combine lines 1a, 1b, and 2

- 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.

- b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

- 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. ►

- 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-

- 6 Add lines 4c and 5b

- 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

- 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

- b Unreported tips subject to social security tax (from Form 4137, line 10)

- c Wages subject to social security tax (from Form 8919, line 10)

- d Add lines 8a, 8b, and 8c

8a	118,500
8b	
8c	

1a	
1b	()
2	75,000
3	75,000
4a	69,263
4b	0
4c	69,263
5b	0
6	69,263
7	118,500 00

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

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.

- 14 Maximum income for optional methods

- 15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) **or** \$4,880. Also include this amount on line 4b above

14	4,880	00
15		

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.

- 16 Subtract line 15 from line 14

- 17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above

16	0	
17		

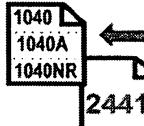
¹ From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

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.



2015

Attachment
Sequence No. 21

Attachment
Sequence No. 21

**Department of the Treasury
Internal Revenue Service (99)**

Name(s) shown on return

Kirkton, F and James

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			7,530

Did you receive dependent care benefits? **No** → Complete only Part II below.
Yes → Complete Part III on the back next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

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 **7** **325,22**

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

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

If line 7 is:

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 **10** **74**

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.

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

HT

Form 2441 (2015)

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.	19	
	• 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.		
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.)	22	
<input checked="" type="checkbox"/> No.	Enter -0.		
<input type="checkbox"/> Yes.	Enter the amount here.	23	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.	29	0
	Exception. If you paid 2014 expenses in 2015, see the instructions for line 9.	30	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

Form **3520**Department of the Treasury
Internal Revenue Service**Annual Return To Report Transactions With
Foreign Trusts and Receipt of Certain Foreign Gifts**

OMB No. 1545-0159

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 returnB Check box that applies to person filing return: Individual Partnership Corporation Trust ExecutorC 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 [REDACTED]
Kirsten E. Gillibrand			c Number, street, and room or suite no. (if a P.O. box, see instructions) [REDACTED]
e City or town [REDACTED]	f State or province [REDACTED]	g ZIP or foreign postal code [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 <input type="checkbox"/> 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? 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: <input type="checkbox"/> U.S. decedent made transfer to a foreign trust by reason of death. <input type="checkbox"/> U.S. decedent treated as owner of foreign trust immediately prior to death. <input type="checkbox"/> 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 (l) 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?

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

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).

- 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(i)). 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 intend to make a payment in cash or in kind?

- 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?

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?

If "Yes," complete columns (a) through (e) below for each obligation

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.

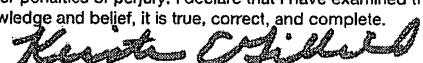
(a) Date of gift or bequest	(b) Description of property received	(c) FMV of property received
02/13/2015	Cash	228,600
Total		\$ 228,600

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

Sign Here 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.
  

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.	

Form 3520

Department of the Treasury
Internal Revenue ServiceAnnual Return To Report Transactions With
Foreign Trusts and Receipt of Certain Foreign Gifts

OMB No. 1545-0159

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	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 <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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		
d Date of death	c TIN of decedent		
f Check applicable box:	e EIN of estate		
<input type="checkbox"/> U.S. decedent made transfer to a foreign trust by reason of death. <input type="checkbox"/> U.S. decedent treated as owner of foreign trust immediately prior to death. <input type="checkbox"/> Assets of foreign trust were included in estate of U.S. decedent.			

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

Cat. No. 19594V

Form 3520 (2015)

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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (l) 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," complete columns (a) through (l) 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.					<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Are you attaching a copy of:</th> <th style="width: 33%;">Yes</th> <th style="width: 33%;">No</th> </tr> </thead> <tbody> <tr> <td>a Sale document?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b Loan document?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c Subsequent variances to original sale or loan documents?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>				Are you attaching a copy of:	Yes	No	a Sale document?	<input type="checkbox"/>	<input type="checkbox"/>	b Loan document?	<input type="checkbox"/>	<input type="checkbox"/>	c Subsequent variances to original sale or loan documents?	<input type="checkbox"/>	<input type="checkbox"/>	Attached Previously	Year Attached
Are you attaching a copy of:	Yes	No																				
a Sale document?	<input type="checkbox"/>	<input type="checkbox"/>																				
b Loan document?	<input type="checkbox"/>	<input type="checkbox"/>																				
c Subsequent variances to original sale or loan documents?	<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?

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

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

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?			<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?					<input type="checkbox"/> Yes <input type="checkbox"/> 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(i)). 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?" Yes No	(f) FMV of qualified obligation	(g) Amount treated as distribution from the trust (subtract column (f) from column (a))
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?					<input type="checkbox"/> Yes <input type="checkbox"/> 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?					<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

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

Your social security number

Kirsten E and Jonathan M Gillibrand

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

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, 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	Estate s 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)	29	42,368
	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.		
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

Form 8959

Additional Medicare Tax

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service2015
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	253,924	
2	Unreported tips from Form 4137, line 6		
3	Wages from Form 8919, line 6		
4	Add lines 1 through 3	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	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-		3,924
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II		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.)	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	250,000	
10	Enter the amount from line 4	253,924	
11	Subtract line 10 from line 9. If zero or less, enter -0-	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-		69,263
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III		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)		
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		
16	Subtract line 15 from line 14. If zero or less, enter -0-		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV		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
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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		0	
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)		0	
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)		0	

Form 8960

Net Investment Income Tax— Individuals, Estates, and Trusts

OMB No. 1545-2227

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/form8960.2015
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)	1	309
2	Ordinary dividends (see instructions)	2	
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	
c	Combine lines 4a and 4b	4c	
5a	Net gain or loss from disposition of property (see instructions)	5a	-3,000
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b	
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c	
d	Combine lines 5a through 5c	5d	-3,000
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)	6	
7	Other modifications to investment income (see instructions)	7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	-2,691

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
b	State, local, and foreign income tax (see instructions)	9b	
c	Miscellaneous investment expenses (see instructions)	9c	
d	Add lines 9a, 9b, and 9c	9d	0
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	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-.	12	0
Individuals:			
13	Modified adjusted gross income (see instructions)	13	325,228
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-.	15	75,228
16	Enter the smaller of line 12 or line 15	16	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)	17	0
Estates and Trusts:			
18a	Net investment income (line 12 above)	18a	
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b	
c	Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-.	18c	0
19a	Adjusted gross income (see instructions)	19a	
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
c	Subtract line 19b from line 19a. If zero or less, enter -0-.	19c	0
20	Enter the smaller of line 18c or line 19c	20	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)	21	0

Passive Activity Loss Limitations

OMB No. 1545-1008

2015

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

Identifying number

Kirsten E and Jonathan M Gillibrand

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			
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	(244)		
d 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)	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% (.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.	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 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return.	16	0		

For Paperwork Reduction Act Notice, see instructions.

HTA

Form 8582 (2015)

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	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	[REDACTED]	[REDACTED]
Spouse's first name	MI	Spouse's last name	Spouse's Date of birth (mmddyyyy)	Spouse Social Security Number
JONATHAN	M	GILLIBRAND	[REDACTED]	[REDACTED]
Mailing address (see instructions, page 13) (number and street or PO box)			Apartment number	New York State ZIP code
				RENSSELAER
			State ZIP code	Country (if not United States)
				School district name
				WYNANTSKILL
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	Taxpayer's date of death (mmddyyyy)
		NY		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

[REDACTED]

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 [REDACTED] 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) [REDACTED]

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

- (1) Number of months you lived in NYC in 2015 [REDACTED]
- (2) Number of months your spouse lived in NYC in 2015 [REDACTED]

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

H Dependent exemption information (see page 15)

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

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

For office use only

Your social security number	
[REDACTED]	[REDACTED]

Federal income and adjustments (see page 15)

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

Whole dollars only		
1	253924	00
2	309	00
3		00
4		00
5		00
6	75000	00
7	-3000	00
8		00
9		00
10		00
11		00

New York additions (see page 16)

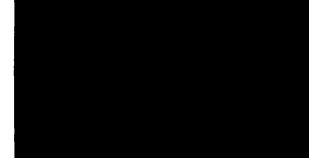
- 20 Interest income on state and local bonds and obligations (but not those of NYS or its local governments) ...
- 21 Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)
- 22 New York's 529 college savings program distributions (see page 16)
- 23 Other (Form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

20		00
21		00
22		00
23		00
24	325228	00

New York subtractions (see page 17)

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

25		00
26		00
27		00
28		00
29		00
30		00
31		00



32		00
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: Standard -or- Itemized
- 35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)
- 36 Dependent exemptions (enter the number of dependents listed in item H; see page 20)
- 37 Taxable income (subtract line 36 from line 35)

34	15850	00
35	309378	00
36	2000	00
37	307378	00



Name(s) as shown on page 1 KIRSTEN E AND JONATHAN M GILLIBRAND	Your social security number [REDACTED]
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IT-201 (2015) Page 3 of 4

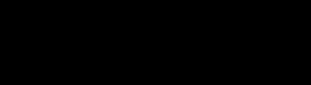
Tax computation, credits, and other taxes

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	See instructions on pages 22 through 25 to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT. 
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		0 00

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		
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

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 (<i>also complete F on page 1; see page 29</i>)	69	00
70 NYC earned income credit	70	00
70a NYC enhanced real property tax credit	70a	00
71 Other refundable credits (<i>Form IT-201-ATT, line 18</i>)	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

76 **Total payments** (add lines 63 through 75)

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

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	Designee's phone number	Personal identification number (PIN)
E-mail:			

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

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:	

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 [REDACTED]
---	---

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 (see instructions)	A	B
	Amount reported on New York State return	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 (see instructions)	19 .00	19 .00
20 New York adjusted gross income (line 18 and add or <i>subtract line 19; see instructions</i>)	20 325228 .00	20 87577 .00
21 Capital gain portion of lump-sum distributions (see instr.)	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 <i>instructions</i>)	23 DC
Also enter the locality name, if applicable <i>Locality name:</i>	
24 Enter the amount of income tax imposed on this year's return for the other state or local government (see <i>instructions</i>)	24 4881 .00
If the taxes were paid on a group (composite) return, then mark an <i>X</i> in the box	
Enter the group's EIN	<input type="text"/>
25 New York State tax payable (see <i>instructions</i>)	25 20441 .00
26 Divide line 22, column B, by line 22, column A (<i>round to the fourth decimal place</i> ; see <i>instructions</i>) .	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 <i>instructions</i>)	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 <i>instructions</i>)	29 .00
30 Add lines 28 and 29	30 4881 .00

Part 3 – Application of Credit

31 Tax due before credits (see <i>instructions</i>)	31 20441 .00
32 Other credits that you applied before this credit (see <i>instructions</i>)	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 <i>instructions</i>)	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 <i>instructions</i>)	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 <i>instructions</i>)	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 <i>instructions</i>)	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	[REDACTED]

Whole dollars only

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

1		00
2	41724	00
3		00
4	2200	00
5		00
6		00
7		00
8	43464	00

9	23523	00
10	19941	00
11		00
12	19941	00
13	4985	00
14	14956	00
15		00
16	14956	00



Department of Taxation and Finance

Claim for Family Tax Relief Credit

IT-114

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

- 1 Were you a New York State resident for all of 2015? **1** Yes No
If No, stop; you do not qualify for this credit.

2 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.

3 Enter your New York adjusted gross income from Form IT-201, line 33 **3** 00
If line 3 is less than \$40,000 or more than \$300,000, stop; you do not qualify for this credit.

4 Enter your line M amount from the *Tax liability worksheet (see instructions)* **4**
If line 4 is less than \$0, stop; you do not qualify for this credit.

5 If line 4 is \$0 or more, enter 350 here and on line 63a of Form IT-201 **5**

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.



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'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)

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

7	89077	00
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 <i>Part-year resident income allocation worksheet</i> in the instructions for Form IT-203	19	00
20 Enter the amount from line 19, Column A, of the <i>Part-year resident income allocation worksheet</i> 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
THEODORE

M.I.
I

Last name
GILLIBRAND

[REDACTED] er

[REDACTED] onship

[REDACTED] DDYYYY)

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)

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 GILTBAND
Your SSN [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>	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

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

(99)

2015

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning

, ending

Your first name	M.I.	Last name	Suffix	See separate instructions. Your social security number
Jonathan	M	Gillibrand		
If a joint return, spouse's first name	M.I.	Last name	Suffix	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 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.
Foreign country name		Foreign province/state/county	Foreign postal code	<input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse

Filing Status	1 <input type="checkbox"/> Single	2 <input type="checkbox"/> Married filing jointly (even if only one had income)	3 <input checked="" type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here.	4 <input type="checkbox"/> 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.
---------------	-----------------------------------	---	---	--

Check only one box.	► Kirsten	First name	Last name	SSN
				5 <input type="checkbox"/> Qualifying widow(er) with dependent child

Exemptions	6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a	b <input type="checkbox"/> Spouse	c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	Boxes checked on 6a and 6b	1
If more than four dependents, see instructions and check here ►	Theodore	Gillibrand	(1) First name	Last name			No. of children on 6a who:	
							• lived with you	1
							• did not live with you due to divorce or separation (see instructions)	0
							Dependents on 6a not entered above	0
			d Total number of exemptions claimed				Add numbers on lines above ►	2

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 89,077
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	8a Taxable interest. Attach Schedule B if required	8a
	b Tax-exempt interest. Do not include on line 8a	9a
	9a Ordinary dividends. Attach Schedule B if required	10
	b Qualified dividends	11
	10 Taxable refunds, credits, or offsets of state and local income taxes	12
If you did not get a W-2, see instructions.	11 Alimony received	13 -1,500
	12 Business income or (loss). Attach Schedule C or C-EZ	14
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ►	15b
	14 Other gains or (losses). Attach Form 4797	16b
	15a IRA distributions	17
	16a Pensions and annuities	18
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	19
	18 Farm income or (loss). Attach Schedule F	20b 0
	19 Unemployment compensation	21
	20a Social security benefits	22 87,577
	21 Other income. List type and amount	
	22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ►	

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 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
	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 ► 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ► 39b <input type="checkbox"/>		
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
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46 ►	47	12,456
48		48	
49		49	
50		50	
51		51	
52		52	
53		53	
54		54	
55		55	
56	Add lines 48 through 54. These are your total credits	56	12,456
57	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ►	57	

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 66b	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 <u>XXXXXXXXXX</u> ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <u>XXXXXXXXXXXXXXXXXXXX</u>		

Direct deposit? See instructions.

77	Amount of line 75 you want applied to your 2016 estimated tax 77	77	0
----	--	----	---

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	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?		<input checked="" type="checkbox"/> Yes. Complete below.	<input type="checkbox"/> 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.)

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

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

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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		8,976		
6 Real estate taxes (see instructions)		7				
7 Personal property taxes		8				
8 Other taxes. List type and amount ►		9		22,392		
9 Add lines 5 through 8		9		22,392		
Interest You Paid		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				
Name _____		12				
Note. _____	Address _____	13				
Your mortgage interest deduction may be limited (see instructions).	TIN _____	14				
12 Points not reported to you on Form 1098. See instructions for special rules		15		0		
13 Mortgage insurance premiums (see instructions)		15		0		
14 Investment interest. Attach Form 4952 if required. (See instructions.)		15		0		
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	16			
If you made a gift and got a benefit for it, see instructions.	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17				
18 Carryover from prior year	18					
19 Add lines 16 through 18		19		0		
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	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			
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. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29		22,392	
30 If you elect to itemize deductions even though they are less than your standard deduction, check here		30				

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

OMB No. 1545-0074

2015

Attachment
Sequence No. **12**

Name(s) shown on return

Jonathan M Gillibrand

Your social security number
[REDACTED]

- 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.

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			[REDACTED]	
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			[REDACTED]	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) 2015

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?	18	
	<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.	19	
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?	21	
	<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.	21	(1,500)
	<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:	21	(1,500)
	<ul style="list-style-type: none"> ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$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		Mark if	Amended return
Your telephone number		Mark if	Filing for a deceased taxpayer
Number (SSN)	DDYYYY	Domestic partner's SSN and Date of Birth (MMDDYYYY)	
Your first name JONATHAN	M.I. M	Last name GILLIBRAND	
Spouse's/registered domestic partner's first name KIRSTEN	M.I.	Last name GILLIBRAND	
(Apartment number if applicable)			
e 4			
Filing Status			
1 Mark only one:	Single	Married filing jointly	<input checked="" type="checkbox"/> Married filing separately
		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

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Income Information

a Wages, salaries, unemployment compensation and/or tips, see instructions	a \$	89077.00
b Business income or loss, see instructions.	b \$.00
c Capital gain (or loss).	Mark if loss 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
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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

Enter your last name GILLIBRAND
Enter your SSN

15	Deduction type Take the same type of deduction you took on your federal return.	
	Mark which type: Standard <input checked="" type="checkbox"/> Itemized 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	21 \$ 4881.00
	Mark if filing separately on same return. Complete Calculation J on Schedule S.	
22	Credit for child and dependent care expenses \$.00 x .32 Enter result >	22 \$.00
	From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	
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	<u>DC Earned Income Tax Credit</u> 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	27b \$.00
27c	For filers with qualifying children. Enter federal EITC \$.00 x .40 Enter result >	27d \$.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	
<i>Subtract Line 26 from Line 33</i>		
35	Amount to be applied to your 2016 estimated tax 35 \$.00	
36	Penalty See instructions 36 \$.00	
	Mark if Form D-2210 is attached	
37	Underpayment Interest 37 \$.00	
38	Refund <i>Subtract sum of Lines 35, 36 and 37 from Line 34.</i> 38 \$ 1594.00	
39	Contribution amount from Sched. U, Part II, Line 5 39 \$.00	
	Can not exceed refund amt on Line 38	
	Put additional amt on Line 42.	
40	Net refund 40 \$ 1594.00	
<i>Subtract Line 39 from Line 38</i>		

Amount owed Complete if Line 33 is equal to or less than Line 26.

41	Tax due 41 \$.00	
<i>Subtract Line 33 from Line 26</i>		
42	Contribution amount 42 \$.00	
	from Schedule U, Part II, Line 6	
43a	Penalty \$.00	
43b	Interest \$.00	
	Enter total P & I. 43 \$.00	
	Mark if Form D-2210 is attached	
44	Underpayment Interest 44 \$.00	
45	Total amount due 45 \$.00	
<i>Add Lines 41-44</i>		

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

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

041316

Spouse's/registered domestic partner's signature if filing jointly

Date

fication Number (PTIN)

r

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 <i>(The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).</i>	04/15/15	06/15/15	09/15/15	01/15/16
		0	0	0	0
Check here	if you are using "Annualized Income" method.				
7	DC withholding and estimated tax paid each period <i>(The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).</i>			0	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 D-2210 SUB

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

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

1 SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1833

Enter your last name
GILLIBRAND

Social Security Number
[REDACTED]

Calculation A Additions to federal adjusted gross income. *Fill in only those that apply.*

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 DC</u> . <i>For Lines 2 - 7 below include only the amounts related to the time you resided in DC.</i>	1	\$. 0 0
2	Income distributions eligible for income averaging on your federal tax return <i>(from federal Form 4972)</i> .	2	\$	0 . 0 0
3	30% or 50% federal bonus depreciation and/or extra IRC § 179 expenses claimed on federal return.	3	\$	0 . 0 0
4	Any part of a discrimination award subject to income averaging.	4	\$. 0 0
5	Deductions for S Corporations from Schedule K-1, form 1120 S.	5	\$. 0 0
6	Other pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 return)	6	\$. 0 0
7	Other (see instructions)	7	\$	0 . 0 0
8	Total additions Add entries on Lines 1-7. <i>Enter the total here and on D-40, Line 5.</i>	8	\$	0 . 0 0

Calculation B Subtractions from federal adjusted gross income. *Fill in only those that apply.*

1	Taxable interest from US Treasury bonds and other obligations. <i>(See instructions)</i>	1	\$	0 . 0 0
2	Disability income exclusion from DC Form D-2440, Line 10 <i>(See instructions)</i>	2	\$	0 . 0 0
3	Interest and dividend income of a child from Federal Form 8814*.	3	\$	0 . 0 0
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	4	\$. 0 0
5	Excess of DC allowable depreciation over federal allowable depreciation. <i>See instructions.</i>	5	\$	0 . 0 0
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	\$. 0 0
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	\$. 0 0
7b	Annual household adjusted gross income. <i>See instructions.</i>	7b	\$. 0 0
8	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. <i>See instructions.</i>	8	\$. 0 0
9	Expenditures by DC teachers for certain tuition and fees, \$1,500 annual limit per person. <i>See instructions.</i>	9	\$. 0 0
10	Loan repayment awards received by health-care professionals from DC government. <i>See instructions.</i>	10	\$. 0 0
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	\$. 0 0
12	DC Poverty Lawyer Loan Assistance. <i>See instructions.</i>	12	\$. 0 0
13	Other (see instructions)	13	\$	0 . 0 0
14	Military Spouse Residency Relief Act. <i>See instructions.</i>	14	\$. 0 0
15	RESERVED	15	\$	
16	Total subtractions. Add entries on Lines 1-7a and 8-15. <i>Enter the total here and on D-40, Line 12.</i>	16	\$	0 . 0 0

*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.