

Form 1040 Department of the Treasury — Internal Revenue Service (99) U.S. Individual Income Tax Return | 2011 OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2011, or other tax year beginning _____, 2011, ending _____, 20_____
Your first name _____ MI _____ Last name _____ See separate instructions.

Kirsten E. Gillibrand Your social security number _____

If a joint return, spouse's first name _____ MI _____ Last name _____ Spouse's social security number _____

Jonathan M. Gillibrand

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

City, town or post office. If you have a foreign address, also complete spaces below (see instructions). State _____ ZIP code _____ Presidential Election Campaign

Foreign country name _____ Foreign province/county _____ Foreign postal code _____ Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund. You Spouse

Filing Status	1 <input type="checkbox"/> Single	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 ►
	2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income)	
Check only one box.	3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above & full name here ►	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.	6b <input checked="" type="checkbox"/> Spouse	Boxes checked on 6a and 6b .. 2 No. of children on 6c who:
-------------------	--	---	---

c Dependents:	(1) First name _____ Last name _____	(2) Dependent's social security number _____	(3) Dependent's relationship to you _____	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax cr (see instrs)
	Theodore I Gillibrand		Son	<input checked="" type="checkbox"/>
	Henry N Gillibrand		Son	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
d Total number of exemptions claimed.				4

Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2. DCB. 5,000. 7 163,821.
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. 8b 882.
If you did not get a W-2, see instructions.	9a Ordinary dividends. Attach Schedule B if required. 9b
Enclose, but do not attach, any payment. Also, please use Form 1040-V.	10 Taxable refunds, credits, or offsets of state and local income taxes. 11 Alimony received. 12 Business income or (loss). Attach Schedule C or C-EZ. 13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here. 14 Other gains or (losses). Attach Form 4797. 15a IRA distributions. 15a 15b Taxable amount. 16a Pensions and annuities. 16a 16b Taxable amount. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 18 Farm income or (loss). Attach Schedule F. 19 Unemployment compensation. 20a Social security benefits. 20a 20b Taxable amount. 21 Other income. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 165,614.

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 0.
	37 Subtract line 36 from line 22. This is your adjusted gross income. 37 165,614.

Tax and Credits	38 Amount from line 37 (adjusted gross income)	38	165,614.
	39a Check <input type="checkbox"/> You were born before January 2, 1947. <input type="checkbox"/> Blind. Total boxes checked ► 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind.		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here ► 39b		
Standard Deduction for —	40 Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	28,948.
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41 Subtract line 40 from line 38	41	136,666.
• All others: Single or Married filing separately, \$5,800	42 Exemptions. Multiply \$3,700 by the number on line 6d.	42	14,800.
Married filing jointly or Qualifying widow(er), \$11,600	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-.	43	121,866.
Head of household, \$8,500	44 Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 c <input type="checkbox"/> 962 election	44	22,717.
	b <input type="checkbox"/> Form 4972..... ► 45 Alternative minimum tax (see instructions). Attach Form 6251.	45	470.
	46 Add lines 44 and 45	46	23,187.
Other Taxes	47 Foreign tax credit. Attach Form 1116 if required	47	
	48 Credit for child and dependent care expenses. Attach Form 2441	48	
	49 Education credits from Form 8863, line 23.	49	
	50 Retirement savings contributions credit. Attach Form 8880	50	
	51 Child tax credit (see instructions)	51	
	52 Residential energy credits. Attach Form 5695.	52	
	53 Other crs from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> ► 54 Add lines 47 through 53. These are your total credits	53	
	55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-.	55	23,187.
Payments	56 Self-employment tax. Attach Schedule SE	56	
If you have a qualifying child, attach Schedule EIC.	57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59a Household employment taxes from Schedule H.	59a	5,641.
	b First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
	60 Other taxes. Enter code(s) from instructions	60	
	61 Add lines 55-60. This is your total tax. ► 62 Federal income tax withheld from Forms W-2 and 1099	61	28,828.
	63 2011 estimated tax payments and amount applied from 2010 return	62	27,219.
	64a Earned income credit (EIC)	63	15,517.
	b Nontaxable combat pay election ► 64b	64a	
	65 Additional child tax credit. Attach Form 8812	65	
	66 American opportunity credit from Form 8863, line 14.	66	
	67 First-time homebuyer credit from Form 5405, line 10.	67	
	68 Amount paid with request for extension to file	68	
	69 Excess social security and tier 1 RRTA tax withheld	69	
	70 Credit for federal tax on fuels. Attach Form 4136	70	
	71 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72 Add Ins 62, 63, 64a, & 65-71. These are your total pmts. ► 73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	72	42,736.
Refund	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/>	73	13,908.
Direct deposit? See instructions.	► b Routing number XXXXXXXXXXXX ► c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	74a	11,908.
	► d Account number XXXXXXXXXXXXXXXXXXXXXXXXX		
	75 Amount of line 73 you want applied to your 2012 estimated tax	75	2,000.
Amount You Owe	76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
	77 Estimated tax penalty (see instructions)	77	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
	Designee's name ► Jonathan F. Rutnik, CPA	Phone no.	Personal identification number (PIN) ► [REDACTED]
Sign Here Joint return? See instructions.	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.		
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's Use Only	Print/Type preparer's name Jonathan F. Rutnik, CPA	Preparer's signature	Date
	Firm's name ► Rutnik & Company, P.C.		Check <input type="checkbox"/> if self-employed
	Firm's address ► [REDACTED]		Firm's EIN ► [REDACTED]
			Phone no. ► [REDACTED]

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2011

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040.

► See Instructions for Schedule A (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		
	3 Multiply line 2 by 7.5% (.075)	3		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	0.	
Taxes You Paid	5 State and local (check only one box):			
	a <input checked="" type="checkbox"/> Income taxes, or	5	10,467.	
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6	15,333.	
	7 Personal property tax	7		
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8	9		25,800.
	Interest You Paid	10 Home mtg 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 number, and address ►		
12 Points not reported to you on Form 1098. See instrs for spcl rules		12		
13 Mortgage insurance premiums (see instructions)		13		
14 Investment interest. Attach Form 4952 if required. (See instrs.)		14		
15 Add lines 10 through 14	15		0.	
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	450.	
	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		450.
	Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► <u>See attached statement.</u>	21	3,000.	
	22 Tax preparation fees	22	3,010.	
	23 Other expenses — investment, safe deposit box, etc. List type and amount ►	23		
	24 Add lines 21 through 23	24	6,010.	
	25 Enter amount from Form 1040, line 38.	25	165,614.	
	26 Multiply line 25 by 2% (.02)	26	3,312.	
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	2,698.	
	Other Miscellaneous Deductions	28 Other — from list in instructions. List type and amount ►	28	0.
	Total Itemized Deductions	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	29	28,948.
30 If you elect to itemize deductions even though they are less than your standard deduction, check here ► <input type="checkbox"/>				

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)

Interest and Ordinary Dividends

OMB No. 1545-0074

2011

Attachment Sequence No. 08

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number

Part I
Interest

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

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

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

E Trade

Citibank N.A.

United Kingdom

Trustco Bank

IRS

Amount

8.

56.

560.

204.

54.

1

- 2 Add the amounts on line 1.....
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.....
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a. ►

2 882.

3

4 882.

Amount

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

- 5 List name of payer. ►

5

Part II
Ordinary Dividends

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

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

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

6 0.

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

Part III
Foreign Accounts and Trusts

(See instructions.)

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

Yes

No

- 7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.....

X

If 'Yes,' are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements.....

X

- b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located ► United Kingdom

- 8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions.....

X

SCHEDULE D

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

OMB No. 1545-0074

2011Attachment
Sequence No. 12

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number [REDACTED]

Capital Gains and Losses

► Attach to Form 1040 or Form 1040NR. ► See Instructions for Schedule D (Form 1040).
 ► Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars	(e) Sales price from Form(s) 8949, line 2, column (e)	(f) Cost or other basis from Form(s) 8949, line 2, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 2, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
1 Short-term totals from all Forms 8949 with box A checked in Part I.....				
2 Short-term totals from all Forms 8949 with box B checked in Part I.....				
3 Short-term totals from all Forms 8949 with box C checked in Part I.....	50,086.	58,900.		-8,814.
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	-26,796.
7 Net short-term capital gain or (loss). Combine lines 1 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 page 2.....			7	-35,610.

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars	(e) Sales price from Form(s) 8949, line 4, column (e)	(f) Cost or other basis from Form(s) 8949, line 4, column (f)	(g) Adjustments to gain or loss from Form(s) 8949, line 4, column (g)	(h) Gain or (loss) Combine columns (e), (f), and (g)
8 Long-term totals from all Forms 8949 with box A checked in Part II.....				
9 Long-term totals from all Forms 8949 with box B checked in Part II.....				
10 Long-term totals from all Forms 8949 with box C checked in Part II.....			1,755.	-1,755.
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824.....			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1....			12	
13 Capital gain distributions. See instrs.....			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions.....			14	
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (h). Then go to Part III on page 2.....			15	-1,755.

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

Schedule D (Form 1040) 2011

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	-37,365.
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
17 Are lines 15 and 16 both gains?		
<input type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	► 18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	► 19	
20 Are lines 18 and 19 both zero or blank?		
<input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
<input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
<ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 		
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
<input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 41. Then 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.		

Form 8949

Department of the Treasury
Internal Revenue Service (99)**Sales and Other Dispositions of Capital Assets**

- See instructions for Schedule D (Form 1040).
- For more information about Form 8949, see www.irs.gov/form8949.
- Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011Attachment Sequence No. **12A**

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number

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

Note. You must check one of the boxes below. Complete a separate Form 8949, page 1, for each box that is checked.

*Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Short-term transactions reported on Form 1099-B with basis reported to the IRS (B) Short-term transactions reported on Form 1099-B but basis not reported to the IRS (C) Short-term transactions for which you cannot check box A or B

(a) Description of property (Example: 100 shares XYZ Co)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo, day, yr)	(d) Date sold (Mo, day, yr)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
1 5 iShares FTSE China Options-Expired		5/10/10	1/25/11	0.	889.	
35 iShares FTSE China Options-Expired		2/03/10	1/25/11	0.	7,207.	
15 Abercrombie & Fitch - Options Expired		2/05/10	1/25/11	0.	1,611.	
35 Coach Inc - Options Expired		6/08/10	1/25/11	0.	1,692.	
4 SPDR Gold Trust Gold - Options Expired		5/10/10	1/25/11	0.	853.	
4 Lululemon Athletica - Options Expired		10/08/10	1/25/11	0.	993.	
15 Carnival Corp - Options Expired		10/08/10	1/25/11	0.	771.	
5 Deckers Outdoor Corp - Options Expired		10/27/10	3/21/11	0.	864.	
10 Crox Inc - Options Expired		10/27/10	1/25/11	0.	968.	
11 Abercrombie & Fitch	Various	8/17/11		1,522.	2,580.	
9 Abercrombie & Fitch		10/19/11	11/04/11	2,224.	917.	
17 Bed Bath & Beyond Inc	Various	8/18/11		470.	1,456.	
7 Bed Bath & Beyond Inc-Options Expired		10/18/11	11/22/11	0.	890.	
10 Crox Inc - Options Expired		2/01/11	3/21/11	0.	968.	
10 Crox Inc - Options Expired		5/02/11	6/21/11	0.	668.	
5 Crox Inc		6/06/11	10/03/11	836.	758.	
10 Crox Inc		9/09/11	10/05/11	2,732.	898.	
8 Crox Inc		10/17/11	10/18/11	5,974.	880.	
3 Deckers Outdoor Corp - Options Expired		2/01/11	3/21/11	0.	792.	
70 Deckers Outdoor Corp - Options Expired	Various	6/21/11		0.	5,903.	
2 Deckers Outdoor Corp - Options Expired		6/07/11	9/20/11	0.	872.	
2 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 1 (if box A above is checked), line 2 (if box B above is checked), or line 3 (if box C above is checked).			2	50,086.	58,900.	0.

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

FDIA9212L 11/15/11

Form 8949 (2011)

Form 8949

Department of the Treasury
Internal Revenue Service (99)**Sales and Other Dispositions of Capital Assets**

- See instructions for Schedule D (Form 1040).
- For more information about Form 8949, see www.irs.gov/form8949.
- Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

OMB No. 1545-0074

2011Attachment
Sequence No. 12A

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number [REDACTED]

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

Note. You must check one of the boxes below. Complete a separate Form 8949, page 1, for each box that is checked.

*Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Short-term transactions reported on Form 1099-B with basis reported to the IRS (B) Short-term transactions reported on Form 1099-B but basis not reported to the IRS (C) Short-term transactions for which you cannot check box A or B

(a) Description of property (Example: 100 shares XYZ Co)	(b) Code, if any, for column (g)*	(c) Date acquired (Mo, day, yr)	(d) Date sold (Mo, day, yr)	(e) Sales price (see instructions)	(f) Cost or other basis (see instructions)	(g) Adjustments to gain or loss, if any*
1 3 Deckers Outdoor Corp - Options Expired		9/19/11	10/25/11	0.	972.	
5 Fossil Inc - Options Expired		1/12/11	3/21/11	0.	864.	
12 Fossil Inc	Various	8/18/11		3,831.	2,755.	
2 Fossil Inc - Options Expired		10/17/11	11/22/11	0.	932.	
6 Green Mountain Coffee-Options Expired		3/10/11	4/19/11	0.	933.	
25 Green Mountain Coffee-Options Expired	Various	6/21/11		0.	3,559.	
8 Green Mountain Coffee-Options Expired	Various	9/20/11		0.	1,729.	
1 Green Mountain Coffee	9/19/11	10/05/11		1,815.	736.	
8 iPath S & P 500 - Options Expired		5/03/11	6/21/11	0.	912.	
8 iShares Silver TR	5/03/11	5/13/11		3,304.	912.	
15 iShares Silver TR	9/16/11	9/28/11		8,308.	816.	
10 iShares Silver TR	10/18/11	11/22/11		0.	908.	
5 Lululemon Athletica - Options Expired		2/01/11	3/21/11	0.	939.	
7 Lululemon Athletica	6/10/11	6/16/11		237.	883.	
8 Lululemon Athletica - Options Expired		6/22/11	7/19/11	0.	589.	
10 Lululemon Athletica - Options Expired		6/15/11	7/19/11	0.	814.	
8 Lululemon Athletica - Options Expired		6/23/11	8/23/11	0.	913.	
5 Lululemon Athletica	9/19/11	10/21/11		826.	889.	
1 Netflix Inc - Options Expired		2/01/11	3/21/11	0.	946.	
3 OpenTable Inc	5/02/11	6/01/11		3,318.	942.	
5 Royal Caribbean Cruises	5/03/11	8/10/11		5,611.	939.	
2 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 1 (if box A above is checked), line 2 (if box B above is checked), or line 3 (if box C above is checked). ►				2		

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

FDIA9212L 11/15/11

Form 8949 (2011)

Sales and Other Dispositions of Capital Assets

► See instructions for Schedule D (Form 1040).

- For more information about Form 8949, see www.irs.gov/form8949
 - Attach to Schedule D to list your transactions for lines 1, 2, 3, 8, 9, and 10.

2011

Attachment Sequence No. 12A

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number

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

Note. You must check one of the boxes below. Complete a separate Form 8949, page 1, for each box that is checked.

***Caution.** Do not complete column (b) or (g) until you have read the instructions for those columns (see Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Short-term transactions reported on

(B) Short-term transactions reported on F

(C) Short-term transactions for

2 Totals. Add the amounts in columns (e) and (f). Also, combine the amounts in column (g). Enter here and include on Schedule D, line 1 (if box A above is checked), line 2 (if box B above is checked), or line 3 (if box C above is checked).

2

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

Your social security number

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

Note. You must check one of the boxes below. Complete a separate Form 8949, page 2, for each box that is checked.

Caution. Do not complete column (b) or (g) until you have read the instructions for those columns (see Instructions for Schedule D (Form 1040)). Columns (b) and (g) do not apply for most transactions and should generally be left blank.

(A) Long-term transactions reported on Form 1099-B with basis reported to the IRS (B) Long-term transactions reported on Form 1099-B but basis not reported to the IRS (C) Long-term transactions for which you cannot check box A or B

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

Your social security number
[REDACTED]**Kirsten E. and Jonathan M. Gillibrand**

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

Part II Income or Loss From Partnerships and S Corporations

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

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

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		[REDACTED]	
B					
C					
D					

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		349.		
B				
C				
D				
29a Totals.....				
b Totals.....		349.		
30 Add columns (g) and (j) of line 29a.....				30
31 Add columns (f), (h), and (i) of line 29b.....				31 -349.
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 -349.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
A		
B		

Passive Income and Loss		Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A				
B				
34a 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

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

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 -349.
- 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 U; and Schedule K-1 (Form 1041), line 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**

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

► Attach to Form 1040, Form 1040A, or Form 1040NR.

► See separate instructions.

2011

Attachment
Sequence No. 21

Name(s) shown on return

Kirsten E. and Jonathan M. Gillibrand

Your social security number [REDACTED]

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

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
	[REDACTED]	[REDACTED]	[REDACTED]	12,117.
	[REDACTED]	[REDACTED]	[REDACTED]	8,219.

Did you receive
dependent care benefits? No → Complete only Part II below.
 Yes → Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.

Part II Credit for Child and Dependent Care Expenses

2 Information about your qualifying person(s). If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First Henry N	Last Gillibrand	12,117.
Theodore I	Gillibrand	8,219.

- 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 your spouse was a student or was disabled, see the instructions); all others, enter the amount from line 4.....
- 6 Enter the **smallest** of line 3, 4, or 5.....
- 7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37.....

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

If line 7 is:

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 2010 expenses in 2011, see the instructions.....

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

- 11 Credit for child and dependent care expenses. Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46.....

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

Form 2441 (2011)

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2011. 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	5,000.
13 Enter the amount, if any, you carried over from 2010 and used in 2011 during the grace period. See instructions	13	
14 Enter the amount, if any, you forfeited or carried forward to 2012. See instructions	14	
15 Combine lines 12 through 14. See instructions	15	5,000.
16 Enter the total amount of qualified expenses incurred in 2011 for the care of the qualifying person(s)	16	20,336.
17 Enter the smaller of line 15 or 16	17	5,000.
18 Enter your earned income . See instructions	18	158,821.
19 Enter the amount shown below that applies to you. • If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions for line 5). • If married filing separately, see the instructions. • All others, enter the amount from line 18.	19	
20 Enter the smallest of line 17, 18, or 19	20	0.
21 Enter \$5,000 (\$2,500 if married filing separately and you were required to enter your spouse's earned income on line 19)	21	5,000.
22 Is any amount on line 12 from your sole proprietorship or partnership? (Form 1040A filers go to line 25). <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. Enter the amount here	22	0.
23 Subtract line 22 from line 15	23	5,000.
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	5,000.

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	
28 Form 1040 and 1040NR filers: Add lines 24 and 25. Form 1040A filers: Enter the amount from line 25	28	
29 Subtract line 28 from line 27. If zero or less, stop. You cannot take the credit. Exception: If you paid 2010 expenses in 2011, see the instructions for line 9	29	
30 Complete line 2 on page 1 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	
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on page 1 of this form and complete lines 4 through 11	31	

Form 6251

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax – Individuals

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

OMB No. 1545-0074

2011

Attachment Sequence No. 32

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

Kirsten E. and Jonathan M. Gillibrand

Your social security number [REDACTED]

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

1	136,666.
2	
3	25,800.
4	
5	2,698.
6	
7	-4,260.
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	160,904.

Part II Alternative Minimum Tax (AMT)

- 29 Exemption. (If you were under age 24 at the end of 2011, see instructions.)

IF your filing status is ...	AND line 28 is not over ...	THEN enter on line 29 ...	
Single or head of household	\$112,500	\$48,450	29
Married filing jointly or qualifying widow(er)	150,000	74,450	
Married filing separately	75,000	37,225	

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.

- 31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.
 • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 54 here.
 • All others: If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.

32 Alternative minimum tax foreign tax credit (see instructions).	32	
33 Tentative minimum tax. Subtract line 32 from line 31.	33	23,187.
34 Tax from Form 1040, line 44 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 47). If you used Schedule J to figure your tax, the amount from line 44 of Form 1040 must be refigured without using Schedule J (see instructions).	34	22,717.
35 AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45.	35	470.

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

FDIA5312L 12/22/11

Form 6251 (2011)

SCHEDULE H
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of employer

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

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

OMB No. 1545-1971

2011

Attachment
Sequence No. **44**

Social security number

Employer identification number

Jonathan M. Gillibrand

A Did you pay **any one** household employee cash wages of \$1,700 or more in 2011? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

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

B Did you withhold federal income tax during 2011 for any household employee?

- Yes. Skip line C and go to line 5.
 No. Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 2010 or 2011 to **all** household employees? (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)

- No. Stop. Do not file this schedule.
 Yes. Skip lines 1-7 and go to line 8. (Calendar year taxpayers having no household employees in 2011 do not have to complete this form for 2011.)

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security taxes	1	23,086.	
2 Social security taxes. Multiply line 1 by 10.4% (.104).	2	2,401.	
3 Total cash wages subject to Medicare taxes	3	23,086.	
4 Medicare taxes. Multiply line 3 by 2.9% (.029)	4	669.	
5 Federal income tax withheld, if any	5	2,495.	
6 Total social security, Medicare, and federal income taxes. Add lines 2, 4, and 5	6	5,565.	

7 Did you pay **total** cash wages of \$1,000 or more in **any calendar quarter** of 2010 or 2011 to **all** household employees? (Do not count cash wages paid in 2010 or 2011 to your spouse, your child under age 21, or your parent.)

- No. Stop. Include the amount from line 6 above on Form 1040, line 59a. If you are not required to file Form 1040, see the line 7 instructions.
 Yes. Go to line 8.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions.

Schedule H (Form 1040) 2011

Part II Federal Unemployment (FUTA) Tax

- 8 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check 'No.') **8 X**
 9 Did you pay all state unemployment contributions for 2011 by April 17, 2012? Fiscal year filers, see instructions **9 X**
 10 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? **10 X**

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

Section A

11 Name of the state where you paid unemployment contributions..... ► DC	12	322.	13	9,932.
12 Contributions paid to your state unemployment fund	12	322.		
13 Total cash wages subject to FUTA tax.....				
14 FUTA tax. Multiply the portion of the wages on line 13 paid before July 1 by .008. Multiply the portion of the wages on line 13 paid after June 30 by .006. Enter the sum of those two amounts on line 14, skip Section B, and go to line 23.....	14	76.		

Section B

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

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply column (b) by .054	(f) Multiply column (b) by column (d)	(g) Subtract column (f) from column (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

16 Totals.....	16			
17 Add columns (g) and (h) of line 16.....	17		18	
18 Total cash wages subject to FUTA tax (see the line 13 instructions).....			19	
19 Multiply the portion of the wages on line 18 paid before July 1 by 6.2% (.062). Multiply the portion of the wages on line 18 paid after June 30 by 6.0% (.060). Enter the sum of those amounts on line 19.....			20	
20 Multiply line 18 by 5.4% (.054).....	20			
21 Enter the smaller of line 17 or line 20..... (Employers in a credit reduction state must use the worksheet and check here).....			21	
22 FUTA tax. Subtract line 21 from line 19. Enter the result here and go to line 23.....			22	

Part III Total Household Employment Taxes

23 Enter the amount from line 6. If you checked the 'Yes' box on line C of page 1, enter -0-.....	23	5,565.
24 Add line 14 (or line 22) and line 23.....	24	5,641.
25 Are you required to file Form 1040?		

Yes. Stop. Include the amount from line 24 above on Form 1040, line 59a. Do not complete Part IV below.

No. You may have to complete Part IV. See Instructions for details.

Part IV Address and Signature — Complete this part only if required. See the line 25 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address

Apartment, room, or suite number

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

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

2011

Federal Statements**Page 1**

Kirsten E. and Jonathan M. Gillibrand

5/07/12

08:49AM

**Statement 1
Form 1040
Wage Schedule**

<u>Taxpayer - Employer</u>	<u>Wages</u>	<u>Federal W/H</u>	<u>FICA</u>	<u>Medi- care</u>	<u>State W/H</u>	<u>Local W/H</u>
United States Senate Dependent Care Benefits (DCB)	158,821. 5,000.	27,219.	4,486.	2,303.	10,467.	
Grand Total	<u>163,821.</u>	<u>27,219.</u>	<u>4,486.</u>	<u>2,303.</u>	<u>10,467.</u>	<u>0.</u>

2011

Federal Supplemental Information

Page 1

Kirsten E. and Jonathan M. Gillibrand

5/07/12

08:49AM

Form 1040 Schedule A Line 21 Unreimbursed Employee Expenses

Total reflects \$3,000 IRC 162(a) limit on DC living expenses for Member of US Senate.

Resident Income Tax Return

New York State • New York City • Yonkers

2011

IT-201

For the full year January 1, 2011, through December 31, 2011, or fiscal year beginning
For help completing your return, see the instructions for Form IT-201.

and ending

You must enter your date(s) of birth and social security number(s) below.

Your first name and middle initial	Your last name (for a joint return enter spouse's name on line below)	Your date of birth	▼ Your social security no.
KIRSTEN	E GILLIBRAND	[REDACTED]	[REDACTED]
Spouse's first name and middle initial	Spouse's last name	Spouse's date of birth	▼ Spouse's social security no.
JONATHAN	M GILLIBRAND	[REDACTED]	[REDACTED]
Mailing address (see instructions) (number and street or rural route) [REDACTED]		Apartment number	New York State county of residence • [REDACTED]
City, village, or post office [REDACTED]	State [REDACTED]	ZIP code	Country (if not United States) School district name • [REDACTED]
Permanent home address (see instructions) (number and street or rural route) [REDACTED]		Apartment number	School district code number [REDACTED]
City, village, or post office	State NY	ZIP code	Taxpayer's date of death • [REDACTED]
			Spouse's date of death • [REDACTED]

- | | | |
|---|--|--|
| (A) Filing status — mark an X in one box: | 1 Single | (D) E-file this return. Most taxpayers must now e-file (see instructions). |
| | 2 X Married filing joint return (enter spouse's social security number above) | (E) (1) Did you or your spouse maintain living quarters in NYC during 2011 (see instructions)? Yes No X
(2) Enter the number of days spent in NYC in 2011 (any part of a day spent in NYC is considered a day). |
| | 3 Married filing separate return (enter spouse's social security number above) | (F) NYC residents and NYC part-year residents only (see instructions):
(1) Number of months you lived in NYC in 2011 •
(2) Number of months your spouse lived in NYC in 2011 • |
| <i>Staple check or money order here.</i> | 4 Head of household (with qualifying person) | (G) Enter your 2-character special condition code if applicable (see instructions)
If applicable, also enter your second 2-character special condition code • |
| | 5 Qualifying widow(er) with dependent child | |
| (B) Did you itemize your deductions on your 2011 federal income tax return? | Yes X No | |
| (C) Can you be claimed as a dependent on another taxpayer's federal return? | Yes No X | |

Federal income and adjustments

Only full-year NY State residents may file this form. For lines 1 through 18 below, enter your income items and total adjustments as they appear on your federal return (see instructions). Also see instructions for showing a loss.

	Dollars
1 Wages, salaries, tips, etc	1. 163,821.
2 Taxable interest income	2. 882.
3 Ordinary dividends	3.
4 Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4. 4,260.
5 Alimony received	5.
6 Business income or loss (attach a copy of federal Schedule C or C-EZ, Form 1040)	6.
7 Capital gain or loss (if required, attach a copy of federal Schedule D, Form 1040)	7. -3,000.
8 Other gains or losses (attach a copy of federal Form 4797)	8.
9 Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9.
10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10.
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc (attach copy of federal Schedule E, Form 1040)	11. -349.
12 Farm income or loss (attach a copy of federal Schedule F, Form 1040)	12.
13 Unemployment compensation	13.
14 Taxable amount of social security benefits (also enter on line 27)	14.
15 Other income (see instrs) Identify:	15.
16 Add lines 1 through 15	16. 165,614.
17 Total federal adjustments to income (see instructions) Identify:	17.
18 Federal adjusted gross income (subtract line 17 from line 16)	18. 165,614.

NYIA1312L 09/27/11

2011111032

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



KIRSTEN E. AND JONATHAN M

Dollars	165,614.
---------	----------

19 Federal adjusted gross income (from line 18 on page 1)

19.

New York additions (see instructions)

20 Interest income on state and local bonds and obligations (but not those of NY State or its local governments)	20.
21 Public employee 414(h) retirement contributions from your wage and tax statements (see instrs)	21. <input checked="" type="checkbox"/>
22 New York's 529 college savings program distributions (see instructions)	22.
23 Other (see instructions) Identify:	23.
24 Add lines 19 through 23	24. 165,614.

New York subtractions (see instructions)

25 Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25.	4,260.
26 Pensions of NYS and local governments and the federal government (see instrs)	26.	
27 Taxable amount of social security benefits (from line 14)	27.	
28 Interest income on U.S. government bonds	28.	
29 Pension and annuity income exclusion (see instructions)	29.	
30 New York's 529 college savings program deduction / earnings	30.	
31 Other (see instrs) Identify:	31.	
32 Add lines 25 through 31	32.	4,260.
33 New York adjusted gross income (subtract line 32 from line 24)	33.	161,354.

Standard deduction or itemized deduction (see instructions)

34 Enter your standard deduction (from table below) or your itemized deduction (from worksheet below). Mark an X in the appropriate box: <input type="radio"/> Standard or <input checked="" type="radio"/> Itemized	34.	18,481.
35 Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35.	142,873.
36 Dependent exemptions (not the same as total federal exemptions; see instructions)	36.	2,000.
37 Taxable income (subtract line 36 from line 35)	37.	140,873.

**New York State
standard deduction table**

◀ Or ▶

New York State itemized deduction worksheet

Filing status (from page 1)	Standard deduction (enter on line 34 above)	
1 Single and you marked item C Yes	\$ 3,000	
1 Single and you marked item C No	7,500	
2 Married filing joint return	15,000	
3 Married filing separate return	7,500	
4 Head of household (with qualifying person)	10,500	
5 Qualifying widow(er) with dependent child	15,000	

a Medical and dental expenses (federal Schedule A, line 4)	a.	
b Taxes you paid (federal Schedule A, line 9)	b.	25,800.
c Interest you paid (federal Schedule A, line 15)	c.	
d Gifts to charity (federal Schedule A, line 19)	d.	450.
e Casualty and theft losses (federal Schedule A, line 20)	e.	
f Job expenses/misc deductions(fed Sch A, line 27)	f.	2,698.
g Other misc deductions (federal Sch A, line 28)	g.	
h Enter amount from federal Schedule A, line 29	h.	28,948.
i State, local, and foreign income taxes (or general sales tax, if applicable) and other subtraction adjustments (see instrs)	SEE ST 1	
j Subtract line i from line h	j.	18,481.
k Addition adjustments (see instrs)	k.	
l Add lines j and k	l.	18,481.
m Itemized deduction adjustment (see instructions)	m.	
n Subtract line m from line l	n.	18,481.
o College tuition itemized deduction (see Form IT-272)	o.	
p New York State itemized deduction (add lines n and o; enter on line 34 above)	p.	18,481.



KIRSTEN E. AND JONATHAN M. GILLIBRAND

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

	Dollars
38 Taxable income (from line 37 on page 2)	38. 140,873.
39 New York State tax on line 38 amount (see Tax Computation in the instructions)	39. 9,650.
40 New York State household credit (from table 1, 2, or 3 in the instructions)	40.
41 Resident credit (attach Form IT-112-R or IT-112-C, or both; see instructions)	41.
42 Other New York State nonrefundable credits (from Form IT-201-ATT, line 7; attach form)	42.
43 Add lines 40, 41, and 42	43.
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44. 9,650.
45 Net other New York State taxes (from Form IT-201-ATT, line 30; attach form)	45.
46 Total New York State taxes (add lines 44 and 45)	46. 9,650.

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

47 New York City resident tax on line 38 amount (see instrs)	47.	See Instructions to compute NYC and Yonkers taxes, credits, and tax surcharges.
48 New York City household credit (from table 4, 5, or 6 in instructions)	48.	
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49.	
50 Part-year New York City resident tax (attach Form IT-360.1)	50.	
51 Other New York City taxes (from Form IT-201-ATT, line 34; attach form)	51.	
52 Add lines 49, 50, and 51	52.	
53 New York City nonrefundable credits (from Form IT-201-ATT, line 10; attach form)	53.	
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54.	
55 Yonkers resident income tax surcharge (see instructions)	55.	
56 Yonkers nonresident earnings tax (attach Form Y-203)	56.	
57 Part-year Yonkers resident income tax surcharge (attach Form IT-360.1)	57.	
58 Total New York City and Yonkers taxes/surcharges (add lines 54 through 57)	58.	
59 Sales or use tax (See the instructions. Do not leave line 59 blank.)	59.	85.

Voluntary contributions (whole dollar amounts only; see instructions)

60a Return a Gift to Wildlife	60a.
60b Missing/Exploited Children Fund	60b.
60c Breast Cancer Research Fund	60c.
60d Alzheimer's Fund	60d.
60e Olympic Fund (\$2 or \$4; see instructions)	60e.
60f Prostate Cancer Research Fund	60f.
60g 9/11 Memorial	60g.
60h Volunteer Firefighting & EMS Recruitment Fund	60h.
60 Total voluntary contributions (add lines 60a through 60h)	60.
61 Total New York State, New York City, and Yonkers taxes, sales or use tax, and voluntary contributions (add lines 46, 58, 59, and 60)	61. 9,735.



KIRSTEN E. AND JONATHAN M. GILLIBRAND

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

62.

9,735.

Payments and refundable credits (see instructions)

63 Empire State child credit (attach Form IT-213)	63.	If applicable, complete Forms IT-2, IT-1099-R, and/or IT-1099-UI and attach them to your return (see instructions)
64 NYS/NYC child and dependent care credit (attach Form IT-216)	64.	
65 NYS earned income credit (EIC) (attach Form IT-215 or IT-209)	65.	
66 NYS noncustodial parent EIC (attach Form IT-209)	66.	
67 Real property tax credit (attach Form IT-214)	67.	
68 College tuition credit (attach Form IT-272)	68.	
69 NYC school tax credit (also complete (F) on page 1; see instrs)	69.	
70 NYC earned income credit (attach Form IT-215 or IT-209)	70.	
71 Other refundable credits (from Form IT-201-ATT, line 18; attach form)	71.	
72 Total New York State tax withheld	72.	
73 Total New York City tax withheld	73.	
74 Total Yonkers tax withheld	74.	
75 Total estimated tax payments / Amount paid with Form IT-370	75.	
76 Total payments (add lines 63 through 75)	76.	10,467.

Your refund / amount overpaid (see instructions)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77.	732.
78 Amount of line 77 to be refunded	78.	732.

Mark one refund choice: direct deposit (fill in line 82) - or - debit card - or - paper check

79 Amount of line 77 that you want applied to your 2012 estimated tax (see instructions)	79.	See the instructions for information about your three refund choices.
--	-----	---

Amount you owe (see instructions)

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 this box	and mark line 82	80.
81 Estimated tax penalty (Include this amount in line 80 or reduce the overpayment on line 77; see Instructions.)	81.	

Account information

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

82a Routing number

Electronic funds withdrawal effective date

82b Account number

82c Account Type

Checking

Savings

Third-party designee?
(see instrs.)

Print designee's name

JONATHAN F. RUTNIK, CPA

Designee's phone number

Personal identification number (PIN)

Yes No

E-mail:

▼ Paid preparer must complete (see instructions)

Preparer's signature

Date:

► Preparer's NYTPRIN

►

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

RUTNIK & COMPANY, P.C.

Address

7 CORPORATE DRIVE
CLIFTON PARK, NY 12065

E-mail:

▼ Taxpayer(s) must sign here ▼

Your signature

► Preparer's PTIN or SSN

Your occupation US SENATOR

Employer ID number

Spouse's signature and occupation (if joint return)

Mark an X if self-employed

FINANCE MANAGER

Date

E-mail:

▼ Daytime phone number

See instructions for where to mail your return.

NYIA1334L 01/03/12

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

2014111032

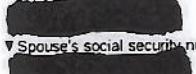


Summary of W-2 Statements

New York State • New York City • Yonkers

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

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

▼ Your social security number


▼ Spouse's social security number


		Box c Employer's name and full address (including ZIP code)				
W-2	Record 1	UNITED STATES SENATE HART OFFICE BUILDING		WASHINGTON	DC	20510-7104
Box b Employer identification number (EIN)		Box 12a Amount	▼ Code	Box 15 State	Box 16	State wages, tips, etc (for NYS) 158,821.
		Box 12b Amount	▼ Code	NY	Box 17	New York State income tax withheld 10,467.
This W-2 record is for (mark an X in one box):		Box 12c Amount	▼ Code		Box 18	Local wages, tips, etc (see instr)
Taxpayer	X Spouse	Box 12d Amount	▼ Code	Locality a		
Box 1	Wages, tips, other compensation 158,821.	Box 14a Amount	▼ Description	Locality b	Box 19	Local income tax withheld
Box 8	Allocated tips	Box 13 Statutory employee		Locality a		
		Box 14b Amount	▼ Description	Locality b	Box 20	Locality name
Box 10	Dependent care benefits 5,000.	10,179.	OTHER	Locality a		
Box 11	Nonqualified plans	Box 14c Amount	▼ Description	Locality b		
Corrected (W-2c)						

Do not detach. Box c Employer's name and full address (including ZIP code)

		Box c Employer's name and full address (including ZIP code)				
W-2	Record 2	UNITED STATES SENATE HART OFFICE BUILDING		WASHINGTON	DC	20510-7104
Box b Employer identification number (EIN)		Box 12a Amount	▼ Code	Box 15 State	Box 16	State wages, tips, etc (for NYS)
		Box 12b Amount	▼ Code		Box 17	New York State income tax withheld
This W-2 record is for (mark an X in one box):		Box 12c Amount	▼ Code		Box 18	Local wages, tips, etc (see instr)
Taxpayer	Spouse	Box 12d Amount	▼ Code	Locality a		
Box 1	Wages, tips, other compensation	Box 14a Amount	▼ Description	Locality b	Box 19	Local income tax withheld
Box 8	Allocated tips	Box 13 Statutory employee		Locality a		
		Box 14b Amount	▼ Description	Locality b	Box 20	Locality name
Box 10	Dependent care benefits	10,179.	OTHER	Locality a		
Box 11	Nonqualified plans	Box 14c Amount	▼ Description	Locality b		
Corrected (W-2c)						



2011

NEW YORK STATEMENTS

PAGE 1

KIRSTEN E. AND JONATHAN M. GILLIBRAND

5/07/12

08:49AM

**STATEMENT 1
FORM IT-201, ITEMIZED DEDUCTION WORKSHEET, LINE I
STATE, LOCAL, FOREIGN TAX, OTHER SUBTRACTIONS**

STATE, LOCAL, FOREIGN, AND GENERAL SALES TAXES	\$ 10,467.
TOTAL	<u>\$ 10,467.</u>