

Form
1040

Department of the Treasury—Internal Revenue Service

(99)

U.S. Individual Income Tax Return**2017**

OMB No. 1545-0074

CLIENT COPY

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

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

, ending

Your first name

M.I.

Last name

Suffix

Kirsten

E

Gillibrand

If a joint return, spouse's first name

M.I.

Last name

Suffix

Jonathan

M

Gillibrand

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

Apt. no.

See separate instructions.

Your social security number

Spouse's social security number

▲ Make sure the SSN(s) above and on line 6c are correct.

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

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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

 You Spouse**Filing Status**

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

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

Check only one box.

First name Last name

First name Last name SSN

5 Qualifying widow(er) (see instructions)**Exemptions**

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

Boxes checked on 6a and 6b

2

No. of children on 6c who:

2

- lived with you
- did not live with you due to divorce or separation (see instructions)
- Dependents on 6c not entered above

0

Add numbers on lines above ►

0

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) if child under age 17 qualifying for child tax credit (see instructions)

If more than four dependents, see instructions and check here ►

Theodore Gillibrand

Henry Gillibrand

d Total number of exemptions claimed

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
 8a Taxable interest. Attach Schedule B if required
 b Tax-exempt interest. Do not include on line 8a
 9a Ordinary dividends. Attach Schedule B if required
 b Qualified dividends
 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). Attach Schedule D if required. If not required, check here ►
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions **15a** b Taxable amount
 16a Pensions and annuities **16a** b 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** b Taxable amount
 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 ►

7	168,606
8a	167
9a	
10	
11	
12	87,500
13	-3,000
14	
15b	
16b	
17	
18	
19	
20b	0
21	
22	253,273

Adjusted Gross Income

- 23 Educator expenses
 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
 25 Health savings account deduction. Attach Form 8889
 26 Moving expenses. Attach Form 3903
 27 Deductible part of self-employment tax. Attach Schedule SE
 28 Self-employed SEP, SIMPLE, and qualified plans
 29 Self-employed health insurance deduction
 30 Penalty on early withdrawal of savings
 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** 4,751
 37 Subtract line 36 from line 22. This is your adjusted gross income ► **37** 248,522

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

HTA

Form **1040** (2017)

Tax and Credits

38	Amount from line 37 (adjusted gross income)	38	248,522
39a	Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. if: <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. } Total boxes checked ► 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here. ► 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	39,651
41	Subtract line 40 from line 38	41	208,871
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	16,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	192,671
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	40,832
45	Alternative minimum tax (see instructions). Attach Form 6251	45	6,584
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	47,416
48		48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	600
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	600
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	46,816

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	9,501
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	56,317

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	28,404
65	2017 estimated tax payments and amount applied from 2016 return	65	14,500
66a	Earned income credit (EIC)	66a	
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	42,904

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		
d	Account number _____		
77	Amount of line 75 you want applied to your 2018 estimated tax	77	

Direct deposit? See instructions.

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	13,413
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?		<input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No
Designee's name ► Jonathan Rutnik CPA	Phone no. ► [REDACTED]	Personal identification number (PIN) ► [REDACTED]

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. 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	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.) Finance Manager

Paid Preparer Use Only

Print/Type preparer's name	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ► [REDACTED]	Firm's EIN ► [REDACTED]		
Firm's address ► [REDACTED]	Phone no. ► [REDACTED]		

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

OMB No. 1545-0074

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

2017

Attachment
Sequence No. **08**

Kirsten E and Jonathan M Gillibrand

Your social security number
[REDACTED]

Part I
Interest

(See instructions
and the
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 ►

Citibank, NA

Amount

167

- 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 ►

2 167
3
4 167

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

Amount

Part II

**Ordinary
Dividends**

(See instructions
and the
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.

- 5 List name of payer ►

[REDACTED]

5

- 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

X

- 7a At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►
8 During 2017, 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

X

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2017

Attachment
Sequence No. 09

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

Name of proprietor

Kirsten E Gillibrand

A Principal business or profession, including product or service (see instructions)

Writer

C Business name. If no separate business name, leave blank.

Social security number (SSN)

E Business address (including suite or room no.) ►

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

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses

H If you started or acquired this business during 2017, check here

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)

J If "Yes," did you or will you file required Forms 1099?

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 ►
- 2 Returns and allowances
- 3 Subtract line 2 from line 1
- 4 Cost of goods sold (from line 42)
- 5 Gross profit. Subtract line 4 from line 3
- 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
- 7 Gross income. Add lines 5 and 6 ►

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>

1	25,000
2	
3	25,000
4	
5	25,000
6	
7	25,000

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

- 8 Advertising
- 9 Car and truck expenses (see instructions)
- 10 Commissions and fees
- 11 Contract labor (see instructions)
- 12 Depletion
- 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)
- 14 Employee benefit programs (other than on line 19)
- 15 Insurance (other than health)
- 16 Interest:
 - a Mortgage (paid to banks, etc.)
 - b Other
- 17 Legal and professional services
- 18 Office expense (see instructions)
- 19 Pension and profit-sharing plans
- 20 Rent or lease (see instructions):
 - a Vehicles, machinery, and equipment
 - b Other business property
- 21 Repairs and maintenance
- 22 Supplies (not included in Part III)
- 23 Taxes and licenses
- 24 Travel, meals, and entertainment:
 - a Travel
 - b Deductible meals and entertainment (see instructions)
- 25 Utilities
- 26 Wages (less employment credits)
- 27a Other expenses (from line 48)
- b Reserved for future use

18	
19	
20a	
20b	
21	
22	
23	
24a	
24b	
25	
26	
27a	
27b	

- 28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►
- 29 Tentative profit or (loss). Subtract line 28 from line 7
- 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

28	0
29	25,000

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____ Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30.

- 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.

30	
31	25,000

- 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.

<input type="checkbox"/> All investment is at risk.
<input type="checkbox"/> Some investment is not at risk.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2017

Attachment
Sequence No. **09**

Name of proprietor

Jonathan M Gillibrand

A Principal business or profession, including product or service (see instructions)

Consultant

C Business name. If no separate business name, leave blank.

Social security number (SSN)

E Business address (including suite or room no.) ►

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

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses

Yes No

H If you started or acquired this business during 2017, check here

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)

Yes No

J If "Yes," did you or will you file required Forms 1099?

Yes 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 ►
- 2 Returns and allowances
- 3 Subtract line 2 from line 1
- 4 Cost of goods sold (from line 42)
- 5 Gross profit. Subtract line 4 from line 3
- 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
- 7 Gross income. Add lines 5 and 6 ►

1	62,500
2	
3	62,500
4	
5	62,500
6	
7	62,500

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

- 8 Advertising
- 9 Car and truck expenses (see instructions)
- 10 Commissions and fees
- 11 Contract labor (see instructions)
- 12 Depletion
- 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)
- 14 Employee benefit programs (other than on line 19)
- 15 Insurance (other than health)
- 16 Interest:
 - a Mortgage (paid to banks, etc.)
 - b Other
- 17 Legal and professional services
- 18 Office expense (see instructions)
- 19 Pension and profit-sharing plans
- 20 Rent or lease (see instructions):
 - a Vehicles, machinery, and equipment
 - b Other business property
- 21 Repairs and maintenance
- 22 Supplies (not included in Part III)
- 23 Taxes and licenses
- 24 Travel, meals, and entertainment:
 - a Travel
 - b Deductible meals and entertainment (see instructions)
- 25 Utilities
- 26 Wages (less employment credits)
- 27a Other expenses (from line 48)
- b Reserved for future use

18	
19	
20a	
20b	
21	
22	
23	
24a	
24b	
25	
26	
27a	
27b	
28	0
29	62,500
30	
31	62,500

28 Total expenses before expenses for business use of home. Add lines 8 through 27a ►

29 Tentative profit or (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30.

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.

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 All investment is at risk.

32b Some investment is not at risk.

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

OMB No. 1545-0074

► Attach to Form 1040 or Form 1040NR.

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

2017Attachment
Sequence No. 12

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**

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				
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	(17,610)
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	-17,610

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.

HTA

Schedule D (Form 1040) 2017

Part III Summary

16	Combine lines 7 and 15 and enter the result.	16	-19,365
	<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	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet.	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet.	19	
20	Are lines 18 and 19 both zero or blank?		
	<input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.		
	<input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:	21	(3,000)
	<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.		

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 checked="" 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		
(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
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

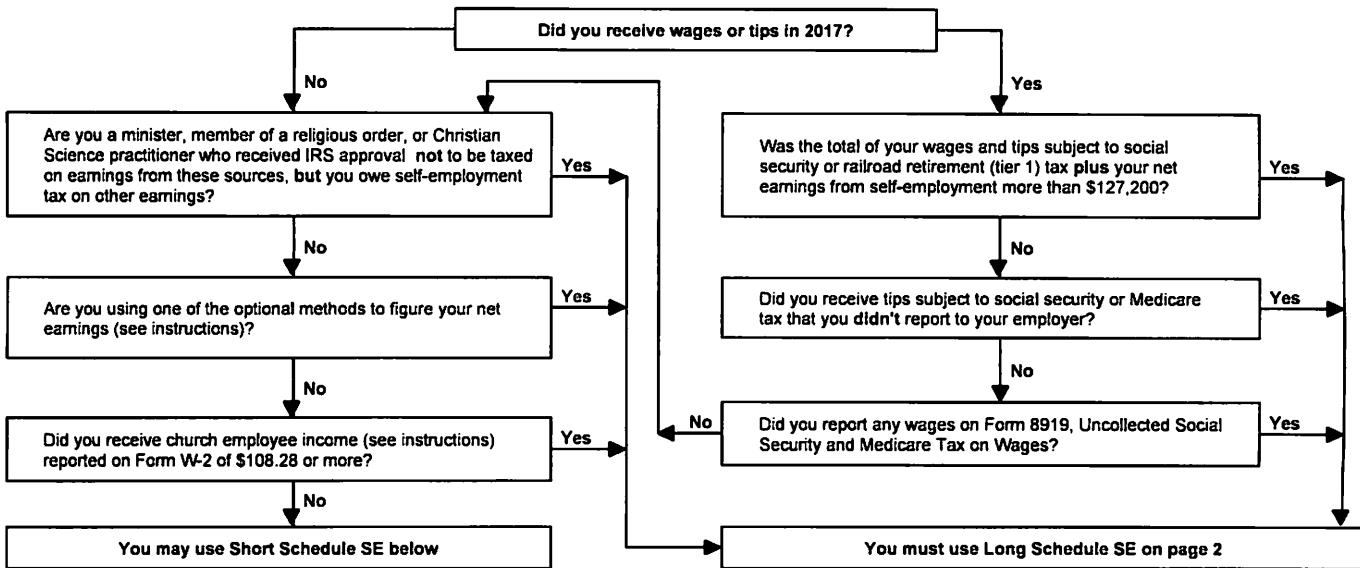
40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ►	41 0
42 Reconciliation of farming and fishing income. Enter your gross farming 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

**SCHEDULE SE
(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

2017Attachment
Sequence No. 17Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)
Jonathan M GillibrandSocial security number of person
with self-employment income ► [REDACTED]**Before you begin:** To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note:** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

- 1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- 1 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
- 3 Combine lines 1a, 1b, and 2
- 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ► Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 5 Self-employment tax. If the amount on line 4 is:
 - \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55
 - More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55
- 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

1a	
1b	()
2	
3	0
4	0
5	0

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

HTA

Schedule SE (Form 1040) 2017

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

Jonathan M 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 ► <input type="checkbox"/>
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note: Skip lines 1a and 1b if you use the farm optional method (see instructions)
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% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
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 don't 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
b	Multiply line 5a by 92.35% (0.9235). 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 2017
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 \$127,200 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
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)
11	Multiply line 6 by 2.9% (0.029)
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27
	13 4,416

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 wasn't more than \$7,800, or (b) your net farm profits² were less than \$5,631.

14	Maximum income for optional methods	14 5,200 00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,200. Also include this amount on line 4b above	15

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,631 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	16
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17

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

**SCHEDULE SE
(Form 1040)****Self-Employment Tax**

OMB No. 1545-0074

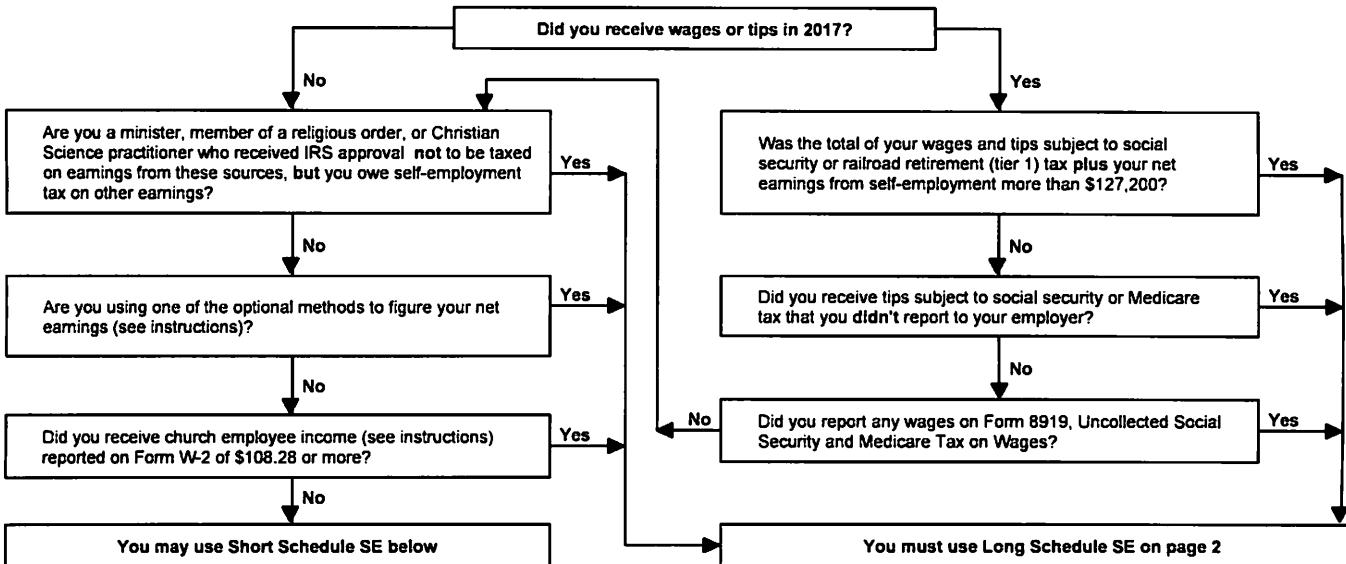
2017Attachment
Sequence No. 17Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/ScheduleSE for instructions and the latest information.

► Attach to Form 1040 or Form 1040NR.

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

Social security number of person
with self-employment income ►

Kirsten E Gillibrand

Before you begin: To determine if you must file Schedule SE, see the instructions.**May I Use Short Schedule SE or Must I Use Long Schedule SE?****Note:** Use this flowchart only if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.**Section A—Short Schedule SE. Caution:** Read above to see if you can use Short Schedule SE.

- 1 a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A
- 1 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
- 3 Combine lines 1a, 1b, and 2
- 4 Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b ► Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.
- 5 Self-employment tax. If the amount on line 4 is:
 - \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55
 - More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55
- 6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

1a	
1b	()
2	
3	0
4	0
5	0

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

HTA

Schedule SE (Form 1040) 2017

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% (0.9235). Otherwise, enter amount from line 3. **Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

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 don't 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% (0.9235). 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 2017

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 \$127,200 or more, skip lines 8b through 10, and go to line 11

8a 127,200

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

8b

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

8c

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

8d 0

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ►

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

9 0

11 Multiply line 6 by 2.9% (0.029)

10 0

12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55

11 670

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter the result here and on

Form 1040, line 27, or Form 1040NR, line 27

13

335

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 wasn't more than \$7,800, or (b) your net farm profits² were less than \$5,631.

14 5,200 00

14 Maximum income for optional methods

15

15 Enter the smaller of: two-thirds (2/3) of gross farm income¹ (not less than zero) or \$5,200. Also include this amount on line 4b above

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,631 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 0

16 Subtract line 15 from line 14

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

17

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

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

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code

A—minus the amount you would have entered on line 1b had you not used the optional method.

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

Form 2441

Child and Dependent Care Expenses

1040
1040A
1040NR

OMB No. 1545-0074

2017

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

Name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Your social security number [REDACTED]

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

2441

Name(s) shown on return	Kirsten E and Jonathan M Gillibrand	Your social security number [REDACTED]
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Part I Persons or Organizations Who Provided the Care—You must complete this part.

(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (number, street, apt. no., city, state, and ZIP code)	(c) Identifying number (SSN or EIN)	(d) Amount paid (see instructions)
1	[REDACTED]	[REDACTED]	[REDACTED]	3,923

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 can't file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II Credit for Child and Dependent Care Expenses**2 Information about your qualifying person(s).** If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name	(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2017 for the person listed in column (a)
First	Last	
Henry	Gillibrand	3,923

3 Add the amounts in column (c) of line 2. Don't enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31.

3	3,000
---	-------

4 Enter your earned income. See instructions

4	193,271
---	---------

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

5	58,084
---	--------

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

6	3,000
---	-------

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

7	248,522
---	---------

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

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 2016 expenses in 2017, see the instructions

9	600
---	-----

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

10	47,416
----	--------

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

11	600
----	-----

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

Form 2441 (2017)

HTA

Part III Dependent Care Benefits

12 Enter the total amount of dependent care benefits you received in 2017. Amounts you received as an employee should be shown in box 10 of your Form(s) W-2. Don't include amounts reported as wages in box 1 of Form(s) W-2. If you were self-employed or a partner, include amounts you received under a dependent care assistance program from your sole proprietorship or partnership	12
13 Enter the amount, if any, you carried over from 2016 and used in 2017 during the grace period. See instructions	13
14 Enter the amount, if any, you forfeited or carried forward to 2018. See instructions	14 ()
15 Combine lines 12 through 14. See instructions	15 0
16 Enter the total amount of qualified expenses incurred in 2017 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.	
• 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).	19
• If married filing separately, see instructions.	20 0
• All others, enter the amount from line 18.	21 5,000
20 Enter the smallest of line 17, 18, or 19	22 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)	24 0
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.	25 0
<input type="checkbox"/> Yes. Enter the amount here	26 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	27 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	28 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".	29 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 can't take the credit. Exception. If you paid 2016 expenses in 2017, see the instructions for line 9	29 0
30 Complete line 2 on the front of this form. Don't include in column (c) any benefits shown on line 28 above. Then, add the amounts in column (c) and enter the total here	30 0
31 Enter the smaller of line 29 or 30. Also, enter this amount on line 3 on the front of this form and complete lines 4 through 11	31 0

Alternative Minimum Tax—Individuals

2017

- Go to www.irs.gov/Form6251 for instructions and the latest information.
- 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	208,871
2	Reserved for future use	2	
3	Taxes from Schedule A (Form 1040), line 9	3	36,806
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 \$156,900 or less, enter -0-. Otherwise, see instructions	6	(0)
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 \$249,450, see instructions.)	28	245,677

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2017, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$120,700 \$54,300		
	Married filing jointly or qualifying widow(er) 160,900 84,500		
	Married filing separately 80,450 42,250		
	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	182,371
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 \$187,800 or less (\$93,900 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,756 (\$1,878 if married filing separately) from the result. 	31	47,416
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	47,416
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	40,832
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	6,584

Passive Activity Loss Limitations

OMB No. 1545-1008

2017

Attachment
Sequence No. 88Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/Form8582 for instructions and the latest information.

Name(s) shown on return

Identifying number

Kirsten E and Jonathan M Gillibrand

Part I 2017 Passive Activity Loss

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

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

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

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

Commercial Revitalization Deductions From Rental Real Estate Activities

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

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

All Other Passive Activities

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

3a			
3b	(77)
3c	(401)
3d	(478)	

- 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

- 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) 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.	7	0
8	Subtract line 7 from line 6	8	0
9	Multiply line 8 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	9	0
10	Enter the smaller of line 5 or line 9	10	0

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

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

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

11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	0
12	Enter the loss from line 4	12	0
13	Reduce line 12 by the amount on line 10	13	0
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	0

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	0
16	Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	0

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

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

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

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
K-1 (1065): Wind Crest LLC		77	401		478
Total. Enter on Form 8582, lines 3a, 3b, and 3c ►	0	77	401		

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
K-1 (1065): Wind Crest LLC	Sch E, Part II	478	1.000000	478
Total ►		478	1.00	478

Worksheet 6—Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
K-1 (1065): Wind Crest LLC	Sch E, Part II	478	478	
Total		478	478	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, 2017, through December 31, 2017, or fiscal year beginning

17

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's 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 county of residence
[REDACTED]				RENSSELAER
City, village, or post office		State	ZIP code	Country (if not United States)
[REDACTED]		[REDACTED]	[REDACTED]	WYNANTSkill
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)			Apartment number	School district name
				School district code number 713
City, village, or post office		State	ZIP code	Taxpayer's date of death (mmddyyyy)
		NY		Decedent information [REDACTED] 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 2017 federal income tax return? Yes No **C** Can you be claimed as a dependent on another taxpayer's federal return? Yes No **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

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
[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. [REDACTED]
- 10 Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box. [REDACTED]
- 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 **17** 253273.00
- 18 Total federal adjustments to income (see page 15) *Identify: HALF SE TAX \$4751* **18** 4751.00
- 19 Federal adjusted gross income (subtract line 18 from line 17) **19** 248522.00

Whole dollars only	
1	168606.00
2	167.00
3	.00
4	.00
5	.00
6	87500.00
7	-3000.00
8	.00
9	.00
10	.00
11	.00
12	.00
13	.00
14	.00
15	.00
16	.00
17	253273.00
18	4751.00
19	248522.00

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	248522.00

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	248522.00

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	18853.00
35	229669.00
36	2000.00
37	227669.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1 KIRSTEN & JONATHAN GILLIBRAND	Your social security number [REDACTED]
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IT-201 (2017) Page 3 of 4

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	227669.00
39 NYS tax on line 38 amount (see page 21)	39	15140.00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 22)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7).....	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	15140.00
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	15140.00

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

47 NYC resident tax on line 38 amount (see page 22)	47	.00
48 NYC household credit (page 22, table 4, 5, or 6)	48	.00
49 Subtract line 48 from line 47 (if line 48 is more than line 47, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34).....	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10).....	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base ..	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 25)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57)	58	.00
59 Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00

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

Voluntary contributions (see page 27)

60a Return a Gift to Wildlife	60a	.00
60b Missing/Exploited Children Fund	60b	.00
60c Breast Cancer Research Fund	60c	.00
60d Alzheimer's Fund	60d	.00
60e Olympic Fund (\$2 or \$4; see page 27)	60e	.00
60f Prostate and Testicular Cancer Research and Education Fund	60f	.00
60g 9/11 Memorial	60g	.00
60h Volunteer Firefighting & EMS Recruitment Fund	60h	.00
60i Teen Health Education	60i	.00
60j Veterans Remembrance	60j	.00
60k Homeless Veterans	60k	.00
60l Mental Illness Anti-Stigma Fund	60l	.00
60m Women's Cancers Education and Prevention Fund	60m	.00
60n Autism Fund	60n	.00
60o Veterans' Homes	60o	.00
60 Total voluntary contributions (add lines 60a through 60o)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	15140.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
[REDACTED]

62 Enter amount from line 61 62 15140.00**Payments and refundable credits** (see pages 28 through 31)

63 Empire State child credit	63 .00
64 NYS/NYC child and dependent care credit	64 120.00
65 NYS earned income credit (EIC)	65 .00
66 NYS noncustodial parent EIC	66 .00
67 Real property tax credit	67 .00
68 College tuition credit	68 .00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69 .00
69a NYC school tax credit (rate reduction amount)	69a .00
70 NYC earned income credit	70 .00
70a NYC enhanced real property tax credit	70a .00
71 Other refundable credits (Form IT-201-ATT, line 18)	71 .00
72 Total New York State tax withheld	72 10609.00
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) 76 10729.00**Your refund, amount you owe, and account information** (see pages 31 through 34)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 to checking or
savings account (fill in line 83) -or- paper check79 Amount of line 77 that you want applied to your
2018 estimated tax (see instructions) 79 .0079a Amount of line 77 that you want as a NYS 529 account
deposit (submit Form IT-195) 79a .0080 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 return81 Estimated tax penalty (include this amount in line 80 or
reduce the overpayment on line 77; see page 32) 81 .0082 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 savings83b Routing number 83c Account number84 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 [REDACTED]	Designee's phone number [REDACTED]	Personal identification number (PIN) [REDACTED]
E-mail:			

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code	03
Preparer's printed name		[REDACTED]		
Firm's name (for yours, if self-employed)		Preparer's PTIN or SSN [REDACTED]		
Address		Employer identification number [REDACTED]		
E-mail		Date 04042018		

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

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



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 (<i>federal Schedule A, line 4</i>)00
2 Taxes you paid (<i>federal Schedule A, line 9</i>)	36806.00
3 Interest you paid (<i>federal Schedule A, line 15</i>)00
4 Gifts to charity (<i>federal Schedule A, line 19</i>)	2845.00
5 Casualty and theft losses (<i>federal Schedule A, line 20</i>)00
6 Job expenses / miscellaneous deductions (<i>federal Schedule A, line 27</i>)00
7 Other miscellaneous deductions (<i>federal Schedule A, line 28</i>)00
8 Enter amount from federal Schedule A, line 29	39651.00
9 State, local, and foreign income taxes (<i>or general sales tax, if applicable</i>) and other subtraction adjustments (<i>see instructions</i>)	14759.00
10 Subtract line 9 from line 8	24892.00
11 Addition adjustments (<i>see instructions</i>)00
12 Add lines 10 and 11	24892.00
13 Itemized deduction adjustment (<i>see instructions</i>)	6039.00
14 Subtract line 13 from line 12	18853.00
15 College tuition itemized deduction (<i>see Form IT-272</i>)00
16 New York State itemized deduction (<i>add lines 14 and 15; enter on Form IT-201, line 34</i>)	18853.00

NO HANDWRITTEN ENTRIES ON THIS FORM



Department of Taxation and Finance

Claim for Child and Dependent Care Credit

New York State • New York City

IT-216

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

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

1 Have you already filed your New York State income tax return? Yes No
If Yes, you must file an amended New York State return and include Form IT-216 to claim this credit.

2 Persons or organizations who provided the care. (If you have more than two providers, see instructions.)

1st Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
	B – Number and street	City State ZIP code	3923.00
2nd Care provider	A – Care provider name (first name, middle initial, and last name, or business name)	C – Identifying number (SSN or EIN)	D – Amount paid (see instr.)
	B – Number and street	City State ZIP code	.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	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	3923.00	<input type="checkbox"/>	[REDACTED]	[REDACTED]
		.00	<input type="checkbox"/>		
		.00	<input type="checkbox"/>		
		.00	<input type="checkbox"/>		

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

3a Total of line 3, column C amounts. Include amounts from additional sheet(s), if any **3a** **3923.00**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	3000.00
6	193271.00

6 Enter your earned income (see instructions)

Whole dollars only

7	58084.00
8	3000.00

7 If your filing status is (2) *Married filing joint return*, enter your spouse's earned income;

all others, enter the amount from line 6 (see instructions)

Whole dollars only

7	58084.00
8	3000.00

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

Whole dollars only

7	58084.00
8	3000.00

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

or federal Form 1040, line 38

9 **248522.00**

10 Enter the decimal amount that applies to the amount

on line 9 from the *Table for line 10* in the instructions**10** **0.20**11 Multiply line 8 by the decimal amount on line 10 (*enter here and on line 12 on page 2*)**11** **600.00**

NO HANDWRITTEN ENTRIES ON THIS FORM

12 Amount from line 11	12	600.00
13 Enter your New York adjusted gross income (Form IT-201 filers, line 33; Form IT-203 filers, line 32)		248522.00
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	120.00

Part-year New York State residents

15 Enter the amount from Form IT-203, line 40	15	.00
If line 15 is equal to or more than line 14, stop. You do not have excess credit.		
If line 15 is less than line 14, continue on line 16 below.		
16 Subtract line 15 from line 14. This is your excess child and dependent care credit	16	.00
17 Enter the amount from Form IT-203-ATT, line 29 (If you are not required to file Form IT-203-ATT, leave blank and continue on line 18 below)	17	.00
If line 17 is equal to or more than line 16, stop. Do not continue with this worksheet. Enter the line 16 amount on Form IT-203-ATT, line 30.		
If line 17 is less than line 16, enter the line 16 amount on Form IT-203-ATT, line 30, and continue on line 18 below.		
18 Subtract line 17 from line 16. This is your remaining excess child and dependent care credit	18	.00
19 Enter the amount from line 19, Column D, of the Part-year resident income allocation worksheet in the instructions for Form IT-203	19	.00
20 Enter the amount from line 19, Column A, of the Part-year resident income allocation worksheet in the instructions for Form IT-203	20	.00
21 Divide line 19 by line 20 (round the result to the fourth decimal place). This amount cannot exceed 100% (1.0000)	21	
22 Multiply line 18 by line 21. Enter the result here and on Form IT-203-ATT, line 9. This is the refundable portion of your New York State part-year resident child and dependent care credit.	22	.00

New York City child and dependent care credit

If you were a resident of New York City at any time during the tax year and your federal adjusted gross income is \$30,000 or less (see Note under New York City credit on page 1 of the instructions) and you listed a child under 4 years old as of December 31, on line 3, complete line 23 and see page 4 of the instructions.

23 Enter the portion of the total expenses from line 3a that was paid for children under 4 years old .	23	.00
IT-201 filers:		
24 Refundable New York City child and dependent care credit (from Worksheet 1, line 7 or line 13).....	24	.00
25 Add lines 14 and 24; also enter this amount on Form IT-201, line 64	25	.00
26 Part-year New York City resident nonrefundable New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-201-ATT, line 9a	26	.00

IT-203 filers:

27 Nonrefundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 8); also enter this amount on Form IT-203, line 52	27	.00
28 Refundable portion of your part-year New York City resident New York City child and dependent care credit (from Worksheet 1, line 13); also enter this amount on Form IT-203-ATT, line 9a	28	.00
Part-year New York City resident filers only:		
29 Enter the amount from Worksheet 1, line 10	29	.00
30 Enter the amount from Worksheet 1, line 11	30	.00

NO HANDWRITTEN ENTRIES ON THIS FORM

CLIENT COPY

Government of the
District of Columbia2017 D-30 SUB Unincorporated
Business Franchise Tax Return

Taxpayer Identification Number (TIN)

Mark if FEIN
SSN Number of business locations
In DC Outside DCSOFTWARE DEVELOPER USE ONLY
VENDOR ID # 1833

Registered Business Name

JONATHAN M GILLIBRAND

Tax period ending (MMYY)
1217

Mark if: Amended Return

Final Return

Combined Report*

Business Mailing address line #1

Business Mailing address line #2

City

State

Zipcode

** Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

Enter dollar amounts only. If amount is zero, leave line blank.
If minus, enter amount and mark X in oval.

GROSS INCOME	1 Gross receipts, minus returns and allowances	1	\$	62500.00
	2 Cost of goods sold (from D-30, Schedule A) and/or operations	2	\$.00
	3 Gross profit Line 1 minus Line 2	3	\$	62500.00
	4 Dividends Minus Subpart F income. (attach statement)	4	\$.00
	5 Interest (attach statement showing calculations)	5	\$.00
	6 Gross rental income (attach statement).....	6	\$.00
	7 Gross royalties (attach statement)	7	\$.00
	8 (a) Net capital gain (attach a copy of your federal Schedule D)	8a	\$.00
	(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	8b	\$.00
	9 Other income (attach detailed statement)	9	\$.00
	10 Total gross income Add Lines 3-9	10	\$	62500.00
	IF LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS RETURN			
	11 Salaries and wages (Do not include owner(s)/member(s))	11	\$.00
	12 Repairs	12	\$.00
	13 Bad debts (attach a copy of any statement filed with your federal return)	13	\$.00
	14 (a) Royalty payments made00	
	(b) Minus nondeductible payments to related entities00 = 14c	\$.00
	15 Rent	15	\$.00
	16 Taxes from Form D-30, Schedule C	16	\$.00
DEDUCTIONS	17 (a) Interest payments00	
	(b) Minus nondeductible payments to related entities00 = 17c	\$.00
	18 Contributions and/or gifts from D-30, Schedule B	18	\$.00
	19 Amortization (attach copy of your Federal Form 4562, Part VI)	19	\$.00
	20 Depreciation (attach copy of your Federal Form 4562 Do not include the additional federal bonus depreciation.)	20	\$.00
	21 Other allowable deductions from D-30, Schedule G	21	\$.00
	22 Total deductions Add Lines 11-21	22	\$.00

Taxpayer Name: JONATHAN M GILLIBRAND

Taxpayer Identification Number [REDACTED]

Enter dollar amounts only

23 Net income Line 10 minus Line 22	Mark if minus	23	\$	62500.00
24 Net operating loss deduction for years before 2000		24	\$.00
25 Net income after NOL deduction. Line 23 minus Line 24	Mark if minus	25	\$	62500.00
26 (a) Non-business income/state adjustment (attach statement)	Mark if minus	26a	\$.00
(b) Minus: Related expenses (attach an allocation statement)		26b	\$.00
(c) Subtract Line 26(b) from Line 26(a)	Mark if minus	26c	\$.00
27 Net income from trade or business subject to apportionment Line 25 minus Line 26c	Mark if minus	27	\$	62500.00
28 DC apportionment factor From Form D-30 Schedule F, Col 3, Line 2		28		1.000000
If Combined Report, from Combined Reporting Schedule 2A, Col. 1, Line 9				
29 Net income from trade or business apportioned to DC.....	Mark if minus	29	\$	62500.00
Multiply Line 27 by the factor on Line 28.				
30 Other income/deductions attributable to DC (attach statement)	Mark if minus	30	\$.00
31 Total DC net income (loss)	Mark if minus	31	\$	62500.00
Combine Lines 29 and 30				
32 Salary for owner(s) or member(s) services From Form D-30 Schedule J, Column 4		32	\$.00
33 Exemption: Maximum amount \$5000 Must enter days in DC > 33a 365		33	\$	5000.00
If fewer than 365 days in DC, see instructions for amount to claim.				
34 Total taxable income before apportioned NOL deduction	Mark if minus	34	\$	57500.00
Line 31 minus total of Lines 32 and 33				
35 Apportioned NOL deduction Losses occurring in year 2000 and later.....		35	\$.00
36 Total DC taxable income Line 34 minus Line 35	Mark if minus	36	\$	57500.00
37 Tax 9.0% of Line 36		37	\$	5175.00
38 Minus Nonrefundable Credits from Schedule UB, Line 20		38	\$.00
39 Total DC Gross Receipts from Line 4 MTLGR worksheet	\$			62500.00
40 Net Tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less. or \$1,000 if DC gross receipts are greater than \$1M		40	\$	5175.00
41 Payments:				
(a) Tax paid, if any, with request for an extension of time to file		41a	\$.00
(b) Tax paid, if any, with original return if this is an amended return		41b	\$.00
(c) 2017 estimated franchise tax payment		41c	\$	4150.00
42 Add Lines 41(a), 41(b) and 41(c)		42	\$	4150.00
43	RESERVED			
44 Estimated tax interest (Mark if D-2220 attached) X		44	\$	69.00
45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due		45	\$	1094.00
Will this payment come from an account outside the U.S.? Yes No See instructions				
46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid		46	\$.00
47 Amount you want to apply to your 2018 estimated franchise tax.		47	\$.00
48 Amount to be refunded Line 46 minus Line 47		48	\$.00

Third Party Designee To authorize another person to discuss this return with OTR, mark here

and enter the name and phone number

Designee's name

Phone

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 the information available to the preparer.

PLEASE
SIGN
HERE

Officer's signature

Title

Date

Telephone number of person to contact

PAID
PREPARER
ONLY

Preparer's signature (If other than taxpayer)

040418

Date

Firm name

Firm address

Preparer's PTIN

If you want to allow the preparer to discuss this return
with the Office of Tax and Revenue, mark here X

Taxpayer Name: JONATHAN M GILLIBRAND

Taxpayer Identification Number [REDACTED]

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	\$
2. Purchases	\$
Minus cost of items withdrawn for personal use	\$ Enter result here →
3. Cost of Labor.	
4. Material and supplies.	
5. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)	
6. Total of lines 1 through 5.	\$
7. Inventory at end of year.	\$
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2. Method of inventory valuation used	\$

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

	\$		\$
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

Schedule C - TAXES (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$
TOTAL			\$

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 17.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
TOTAL			\$

* Schedule D has been deleted.

Taxpayer Name: JONATHAN M GILLIBRAND

Taxpayer Identification Number [REDACTED]

Schedule F - DC apportionment factor (See instructions.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places

	Column 1 TOTAL	Column 2 in DC	DC Apportionment Factor <small>(Column 2 divided by Column 1)</small>
1. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$.00	\$.00	
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28.			

For Combined Reporters

Enter the number of members in the combined group

Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

Schedule 1 - Combined Report Tax Due

Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Schedule G - Other allowable deductions

Nature of Deduction	Amount
	\$
TOTAL (Also enter on D-30, Line 21.)	\$

Schedule H - Income not reported (claimed as nontaxable)

(See instructions.)

Nature of Income	Amount
	\$
TOTAL	\$

Taxpayer Identification Number [REDACTED]

	Schedule I - BALANCE SHEETS (See Instructions.)	Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash				
	2. Trade notes and accounts receivable.				
	(a) MINUS: Allowance for bad debts.				
	3. Inventories				
	4. Gov't obligatio (a) U.S. and its instrumentalities				
	(b) States, subdivisions thereof, etc.				
	5. Other current assets (attach statement)				
	6. Mortgage and real estate loans				
	7. Other investments (attach statement)				
	8. Buildings and other fixed depreciable assets				
	(a) MINUS: Accumulated depreciation				
	9. Depletable assets				
	(a) MINUS: Accumulated depletion				
	10 Land (net of any amortization)				
	11 Intangible assets (amortizable only)				
	(a) MINUS: Accumulated amortization				
	12 Other assets (attach statement)				
	13. TOTAL ASSETS				
LIABILITIES AND CAPITAL	14 Accounts payable				
	15 Mortgages, notes, bonds payable in less than 1 year				
	16 Other current liabilities (attach statement)				
	17 Mortgages, notes, bonds payable in 1 year or more				
	18 Other liabilities (attach statement)				
	19 Capital stock				
	20. TOTAL LIABILITIES AND CAPITAL				

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1	Col. 2 Percentage of Time Devoted to this Business	Col. 3 Percent- age of Ownership	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6 Net Loss DC Sources	Col. 7 Net Income (or Loss) from Outside DC	Col. 8 Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
Name and Address of Owner(s)/Member(s)	Taxpayer Identification Number	%	% \$	0 \$	0 \$	0 \$	0 \$ 0
TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Col. 4 - See Instructions.	Enter total taxable income as shown on Line 34 of D-30.						\$ 57,500
Col. 5 - See Instructions.	Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)						\$ 62,500
Col. 6 - Any loss amount from Line 31 of D-30.							
Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.							

Taxpayer Name: JONATHAN M GILLIBRAND

Taxpayer Identification Number [REDACTED]

SUPPLEMENTAL INFORMATION

1. During 2017, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?	2. PRINCIPAL BUSINESS ACTIVITY 541990	3. DATE BUSINESS BEGAN 010117
Yes No X If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue. See instructions for address.	4. IF BUSINESS HAS TERMINATED, STATE REASON SOLE PROPRIETOR	5. TERMINATION DATE
6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.) SOLE PROPRIETOR		
7. Place where federal income tax return for period covered by this return was filed: [REDACTED]		
8. Name(s) under which federal return for period covered by this return was filed: KRISTEN E AND JONATHAN GILIGRAND		
9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2017? Yes No If no, please state reason: X		
10. Is this return reported on the accrual basis?	Yes No	If no, fill in the method used: X Cash basis Other (specify)
11. Did you withhold DC income tax from the wages of your DC employees during 2017?	Yes No	If no, state reason: X
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2016? If yes, enter name under which return was filed:	Yes No	If no, state reason: X
13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)	Yes No	X
14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.)	Yes No	X
15. (a) Is this business unitary with a partnership or another corporation? (b) Is this business unitary with a combined group?	Yes No	If yes, explain: X
16. Did you file an annual ballpark fee return?	Yes No	X

IMPORTANT: Please read the instructions before completing this form.

Business name (from your D-20 or D-30 return)

JONATHAN M GILLIBRAND

Federal Employer Identification Number (FEIN) or

Person to contact if there are questions

Social Security Number (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 DC applicable credits and estimated tax payments is less than \$1001, or
- B. You have made the required periodic DC estimated franchise tax payments and the total is equal to or more than 110% of last year's taxes or 90% of current year's taxes. Note: In order to use the prior year 110% exception, you must have filed a DC franchise tax return last year and you must have been in business in DC for the entire year.

Computation of Underpayment Interest

1	2017 DC franchise tax liability from Forms D-20 or D-30.	\$	5175
2	Multiply the amount on Line 1 by 90% (.90).	\$	4658
3	2016 DC franchise tax liability from Forms D-20 or D-30 X 110%.	\$	
4	Minimum estimated tax requirement for tax year 2017 (lesser of Lines 2 and 3).	\$	4658
5	Multiply the amount on Line 4 by 25% (.25).	\$	1165

Note: If your income was not evenly received over 4 periods, see instructions on the "Annualized Income" method.

		Due date of Payments			
		1st Period 04/15/17	2nd Period 06/15/17	3rd Period 09/15/17	4th Period 12/15/17
Due dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, 6th, 9th and 12th months after the end of the fiscal year.					
6	Enter the amount from Line 5 or the annualized income amount in each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts). Check here if you are using "Annualized Income" method.	1165	2330	3495	4658
7	DC estimated taxes paid each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).	0	1150	4150	4150
8	Underpayment each period (Line 6 minus Line 7).	1165	1180	0	508
9	Underpayment Interest Factors.	.0175	.0265	.0262	.0348
10	Line 8 multiplied by Line 9.	20	31	0	18
11	Underpayment Interest – Total of amounts from Line 10. Pay this amount. (See instructions)		\$		69

Make check or money order payable to: DC Treasurer

Government of the
District of Columbia

2017 D-30P SUB Payment Voucher for
Unincorporated Business Franchise Tax

Amount of Payment \$ **1094.00**

(dollars only)
Taxpayer Identification Number

Mark if
FEIN
Mark if **X** SSN

To avoid penalties and interest, your payment must be
postmarked no later than the due date of your return.

SOFTWARE DEVELOPER USE ONLY
VENDOR ID # 1833

Business or Designated Agent Name
JONATHAN M GILLIBRAND

Tax period ending (MMYY)
1217

Business mailing address (number, street and suite/apartment number if applicable)

Business mailing address (number, street and suite/apartment number if applicable)

City

State

Zipcode + 4

2017 D-40 SUB Individual
Income Tax Return

STAPLE OTHER REQUESTED DOCUMENTS IN UPPPER LEFT

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1833

Personal information

Telephone number Amended return
 Filing for a deceased taxpayer

Your Taxpayer Identification Number (TIN) [REDACTED] and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's TIN [REDACTED] and Date of Birth (MMDDYYYY)

Your first name M.I. Last name
JONATHAN M GILLIBRAND

Spouse's/registered domestic partner's first name M.I. Last name
KIRSTEN GILLIBRAND

Home address (number, street and suite/apartment number if applicable)
[REDACTED]

City State ZIP Code + 4
[REDACTED]

CLIENT COPY

Filing Status

- 1 Mark only one:
 Single Married filing jointly Married filing separately Dependent claimed by someone else
 Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.
 Registered domestic partners filing jointly or filing separately on same return
 Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
 Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.
- 2 Mark if you are:
 Part-year resident in DC from (MMDD) to (MMDD) See instructions.
 Complete your federal return first -- Enter your dependents' information on DC Schedule S

Income Information

a	Wages, salaries, unemployment compensation and/or tips, see instructions	a	\$.00
b	Business income or loss, see instructions.	Mark if loss	b	\$ 62500.00
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 \$ 57380.00

Additions to DC Income

- 4 Franchise tax deducted on federal forms, see instructions. 4 \$.00
 5 Other additions from DC Schedule I, Calculation A, Line 8. 5 \$.00
 6 Add Lines 3, 4 and 5. Mark if loss 6 \$ 57380.00

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 \$ 796.00
 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 \$ 57500.00
 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 \$ 58296.00
 14 DC adjusted gross income, Line 6 minus Line 13. Mark if loss X 14 \$ 916.00

Enter your last name GILLIBRAND
Enter your TIN [REDACTED]

15	Deduction type Take the same type of deduction you took on your federal return.	
	Mark which type: <input checked="" type="checkbox"/> Standard 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 \$ 5650.00
17	Number of exemptions. If more than 1, or if you or your spouse/registered 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 resident, see inst on page 25. * If federal AGI is greater than \$150,000, see instructions on page 27.	18 \$ 3550.00
19	Add Lines 16 and 18.	19 \$ 9200.00
20	DC Taxable income Subtract Line 19 from Line 14. Enter result.	Mark if loss <input checked="" type="checkbox"/> 20 \$ 10116.00

DC tax, credits and payments

21	Tax If Line 20 is \$100,000 or less, use tax tables. If more, use Calculation I Mark if filing separately on same return. Complete Calculation J on Schedule S.	21 \$.00
22	Credit for child and dependent care expenses \$.00 x .32 Enter result > From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	22 \$.00
23	Non-refundable credits from DC Schedule U, Part 1a, Line 8 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 if claiming LIC.	24a
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 \$.00

27 DC Earned Income Tax Credit Leave blank if you took Line 24 DC Low Income Credit (LIC)

27a	Enter the number of qualified EITC children.	27b	Enter earned income amount	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	\$.00		
31	2017 estimated income tax payments and amount applied from 2016 return.	31	\$.00		
32	Tax paid with extension of time to file.	32	\$.00		
33	Tax paid with original return if this is an amended return.	33	\$.00		
34	Total payments and refundable credits. Add Lines 27d or 27e and 28 - 33.	34	\$.00		
35	Tax due. Subtract Line 34 from Line 26.	35	\$.00		
36	Amount overpaid. Subtract Line 26 from Line 34.	36	\$.00		
37	Amount to be applied to your 2018 estimated tax.	37	\$.00		
38	Underpayment Interest. Mark if Form D-2210 is attached X	38	\$.00		
39	Contribution amount from Schedule U, Part II, Line 5 or 6. (Cannot exceed refund amount on line 41.)	39	\$.00		
40	Total amount due. Add Lines 35, 38 and 39.	40	\$.00		
41	Net refund. Subtract total of Lines 37, 38 and 39 from Line 36.	41	\$.00		

Will this refund go to an account outside the U.S.? Yes No See instructions

42 Mark if either spouse is claiming injured spouse protection.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website: MyTax.DC.gov

Make one refund choice Direct deposit ReliaCard (See instructions) 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 X and enter the name and phone number of that person
Designee's name _____ 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

Date

040418

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

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

2017 D-40WH SUB Withholding

Tax Schedule

Enter DC withholding information below.

Attach W-2's and/or 1099's to Form D-40 or D-40EZ.

THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD

Important: Print in CAPITAL letters using black ink.

SOFTWARE DEVELOPER USE ONLY

VENDOR ID 1833

Primary last name shown on Form D-40 or D-40EZ

Taxpayer Identification Number (TIN)

GILLIBRAND

1 A-Employer or Payor Information		B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099		Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$
Employer or Payor Name		Taxpayer Identification Number	Check the appropriate box W-2 1099
Address		Income Subject to DC Withholding \$	
City		from Box #1 of W-2 or the appropriate box from 1099	
State Zip Code + 4			Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
Enter DC Withholding Only			
2 A-Employer or Payor Information		B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099		Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$
Employer or Payor Name		Taxpayer Identification Number	Check the appropriate box W-2 1099
Address		Income Subject to DC Withholding \$	
City		from Box #1 of W-2 or the appropriate box from 1099	
State Zip Code + 4			Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
Enter DC Withholding Only			
3 A-Employer or Payor Information		B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099		Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$
Employer or Payor Name		Taxpayer Identification Number	Check the appropriate box W-2 1099
Address		Income Subject to DC Withholding \$	
City		from Box #1 of W-2 or the appropriate box from 1099	
State Zip Code + 4			Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
Enter DC Withholding Only			

Total DC tax withheld from column C above \$ 0 . 00

If you have DC withholding on multiple pages, add the totals together
and enter the GRAND total on Form D-40EZ, Line 11 or D-40, Line 30.

2017 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 Taxpayer Identification Number (TIN)

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

First name THEODORE	M.I. I	Last name GILLIBRAND
Taxpayer identification number [REDACTED]	Relationship SON	Date of Birth (MMDDYYYY) [REDACTED]
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

Head of household filers TIN 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

2017 SCHEDULE S PAGE 2

Last name and TIN GILLIBRAND

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 I.*

	Mark if minus	You	Your spouse/registered domestic partner
a Federal adjusted gross income	Mark if minus	a .00	.00
<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>			
b Total additions to federal adjusted gross income	b	.00	.00
<i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>			
c Add Lines a and b.	Mark if minus	c .00	.00
d Total subtractions from federal adjusted gross income	d	.00	.00
<i>Enter each person's portion of subtractions entered on D-40, Line 13.</i>			
e DC adjusted gross income Subtract Line d from Line c.	Mark if minus	e .00	.00
f Deduction amount <i>Enter each person's portion of deductions entered on D-40, Line 16.</i> <i>(You may allocate this amount any way you like.)</i>	f	.00	.00
g Number of exemptions. Total must equal Calculation G, Line i.	g		
h Exemption amount <i>Enter each person's portion of the exemption amount entered on D-40, Line 18. * If AGI from either column exceeds \$150,000, see instructions page 27.</i>	h	.00	.00
i Add Lines f and h.	i	.00	.00
j Taxable income <i>Subtract Line i from Line e.</i>	Mark if minus	j .00	.00
k Tax <i>If Line j is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I.</i>	k	.00	.00
<u>I Add the amounts on Line k, enter here and on D-40, Line 21.</u>		<u>I \$.00</u>	<u>Total tax</u>

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

a 200108715	b	c
d	e	f
g	h	i

2017 SCHEDULE I SUB

Additions to and Subtractions from Federal Adjusted Gross Income

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

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1833

Enter your last name
GILLIBRAND

Taxpayer Identification Number (TIN)

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> . For Lines 2 - 7 below include only the amounts related to the time you resided in DC.	1	\$.00
2 Income distributions eligible for income averaging on your federal tax return (from federal Form 4972).	2	\$ 0.00
3 30% or 50% federal bonus depreciation and/or extra IRC § 179 expenses claimed on federal return.	3	\$ 0.00
4 Any part of a discrimination award subject to income averaging.	4	\$.00
5 Deductions for S Corporations from Schedule K-1, form 1120 S.	5	\$.00
6 Other pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 return)	6	\$.00
7 Other (see instructions)	7	\$ 0.00
8 Total additions Add entries on Lines 1-7. Enter the total here and on D-40, Line 5.	8	\$ 0.00
Calculation B Subtractions from federal adjusted gross income. Fill in only those that apply.		
1 Taxable interest from US Treasury bonds and other obligations. (See instructions.)	1	\$ 0.00
2 Disability income exclusion from DC Form D-2440, Line 10 (See instructions.)	2	\$ 0.00
3 Interest and dividend income of a child from Federal Form 8814*.	3	\$ 0.00
4 Awards, other than front and back pay, received due to unlawful employment discrimination.	4	\$.00
5 Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	5	\$ 0.00
6 Amount paid (or carried over) to DC College Savings plan in 2017 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). Part year residents, see instructions.	6	\$.00
7a Exclusion of up to \$10,000 for DC residents (certified by the Social Security Admin. as disabled) with adjusted annual household income of less than \$100,000. See instructions.	7a	\$.00
7b Annual household adjusted gross income. See instructions.	7b	\$.00
8 Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See instructions.	8	\$ 0.00
9 Expenditures by DC teachers for certain tuition and fees, \$1,500 annual limit per person. See instructions.	9	\$ 0.00
10 Loan repayment awards received by health-care professionals from DC government. See instructions.	10	\$ 0.00
11 Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions	11	\$.00
12 DC Poverty Lawyer Loan Assistance. See instructions.	12	\$.00
13 Other (see instructions)	13	\$ 0.00
14 Military Spouse Residency Relief Act. See instructions.	14	\$.00
15 RESERVED	15	\$.00
16 Total subtractions. Add entries on Lines 1-7a and 8-15. Enter the total here and on D-40, Line 12.	16	\$ 0.00

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

2017 D-30 SUB Unincorporated
Business Franchise Tax Return

Taxpayer Identification Number (TIN)

Mark if: FEIN
SSN Number of business locations
In DC Outside DCSOFTWARE DEVELOPER USE ONLY
VENDOR ID # 1833

Registered Business Name

JONATHAN M GILLIBRAND

Tax period ending (MMYY)
1217

Mark if: Amended Return

Final Return

Combined Report*

Business Mailing address line #1

Business Mailing address line #2

*You must fill in the Designated Agent info below

City

State

Zipcode

Worldwide**

** Worldwide form must be filed with this return

Designated Agent Name

Designated Agent TIN

GROSS INCOME

1 Gross receipts, minus returns and allowances	1	\$	62500.00
2 Cost of goods sold (from D-30, Schedule A) and/or operations	2	\$.00

3 Gross profit Line 1 minus Line 2	Mark if minus	3	\$	62500.00
--	---------------	---	----	----------

4 Dividends Minus Subpart F income. (attach statement)	4	\$.00
--	---	----	-----

5 Interest (attach statement showing calculations)	5	\$.00
--	---	----	-----

6 Gross rental income (attach statement).....	6	\$.00
---	---	----	-----

7 Gross royalties (attach statement)	7	\$.00
--	---	----	-----

8 (a) Net capital gain (attach a copy of your federal Schedule D)	Mark if minus	8a	\$.00
---	---------------	----	----	-----

(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy)	Mark if minus	8b	\$.00
--	---------------	----	----	-----

9 Other income (attach detailed statement)	Mark if minus	9	\$.00
--	---------------	---	----	-----

10 Total gross income Add Lines 3-9	Mark if minus	10	\$	62500.00
---	---------------	----	----	----------

IF LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS RETURN

11 Salaries and wages (Do not include owner(s)/member(s))	11	\$.00
---	----	----	-----

12 Repairs	12	\$.00
------------------	----	----	-----

13 Bad debts (attach a copy of any statement filed with your federal return)	13	\$.00
--	----	----	-----

14 (a) Royalty payments made00		
------------------------------------	-----	--	--

(b) Minus nondeductible payments to related entities00 = 14c	\$.00
--	-----------	----	-----

15 Rent	15	\$.00
---------------	----	----	-----

16 Taxes from Form D-30, Schedule C	16	\$.00
---	----	----	-----

17 (a) Interest payments00		
--------------------------------	-----	--	--

(b) Minus nondeductible payments to related entities00 = 17c	\$.00
--	-----------	----	-----

18 Contributions and/or gifts from D-30, Schedule B	18	\$.00
---	----	----	-----

19 Amortization (attach copy of your Federal Form 4562, Part VI)	19	\$.00
--	----	----	-----

20 Depreciation (attach copy of your Federal Form 4562 Do not include the additional federal bonus depreciation.)	20	\$.00
--	----	----	-----

21 Other allowable deductions from D-30, Schedule G	21	\$.00
---	----	----	-----

22 Total deductions Add Lines 11-21	22	\$.00
---	----	----	-----

DEDUCTIONS

Taxpayer Name: JONATHAN M GILLIBRAND [REDACTED]

Taxpayer Identification Number [REDACTED]

Enter dollar amounts only

23 Net income Line 10 minus Line 22	Mark if minus	23	\$	62500.00
24 Net operating loss deduction for years before 2000		24	\$.00
25 Net income after NOL deduction. Line 23 minus Line 24	Mark if minus	25	\$	62500.00
26 (a) Non-business income/state adjustment (attach statement)	Mark if minus	26a	\$.00
(b) Minus: Related expenses (attach an allocation statement)		26b	\$.00
(c) Subtract Line 26(b) from Line 26(a)	Mark if minus	26c	\$.00
27 Net income from trade or business subject to apportionment Line 25 minus Line 26c	Mark if minus	27	\$	62500.00
28 DC apportionment factor From Form D-30 Schedule F, Col 3, Line 2		28		1.000000
If Combined Report, from Combined Reporting Schedule 2A, Col. 1, Line 9				
29 Net income from trade or business apportioned to DC.....	Mark if minus	29	\$	62500.00
Multiply Line 27 by the factor on Line 28.				
30 Other income/deductions attributable to DC (attach statement)	Mark if minus	30	\$.00
31 Total DC net income (loss)	Mark if minus	31	\$	62500.00
Combine Lines 29 and 30				
32 Salary for owner(s) or member(s) services From Form D-30 Schedule J, Column 4		32	\$.00
33 Exemption: Maximum amount \$5000 Must enter days in DC > 33a 365		33	\$	5000.00
If fewer than 365 days in DC, see instructions for amount to claim.				
34 Total taxable income before apportioned NOL deduction	Mark if minus	34	\$	57500.00
Line 31 minus total of Lines 32 and 33				
35 Apportioned NOL deduction Losses occurring in year 2000 and later.....		35	\$.00
36 Total DC taxable income Line 34 minus Line 35	Mark if minus	36	\$	57500.00
37 Tax 9.0% of Line 36		37	\$	5175.00
38 Minus Nonrefundable Credits from Schedule UB, Line 20		38	\$.00
39 Total DC Gross Receipts from Line 4 MTLGR worksheet	\$			62500.00
40 Net Tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less. or \$1,000 if DC gross receipts are greater than \$1M		40	\$	5175.00
41 Payments:				
(a) Tax paid, if any, with request for an extension of time to file		41a	\$.00
(b) Tax paid, if any, with original return if this is an amended return		41b	\$.00
(c) 2017 estimated franchise tax payment		41c	\$	4150.00
42 Add Lines 41(a), 41(b) and 41(c)		42	\$	4150.00
43 RESERVED				
44 Estimated tax interest (Mark if D-2220 attached) X		44	\$	69.00
45 Total Amount Due. If Line 42 is smaller than the total of Lines 40 and 44, enter amount due		45	\$	1094.00
Will this payment come from an account outside the U.S.? Yes No See instructions				
46 Overpayment. If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid		46	\$.00
47 Amount you want to apply to your 2018 estimated franchise tax.		47	\$.00
48 Amount to be refunded Line 46 minus Line 47		48	\$.00

Third Party Designee To authorize another person to discuss this return with OTR, mark here
Designee's name _____ Phone _____

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 the information available to the preparer.

PLEASE
SIGN
HERE

4/9/2018

[REDACTED] Telephone number of person to contact

PAID
PREPARER
ONLY

Title

Date

040418

Date

Firm name

Firm address

Preparer's signature (in other than taxpayer)

Preparer's PTIN [REDACTED]

If you want to allow the preparer to discuss this return
with the Office of Tax and Revenue, mark here X

Taxpayer Name: JONATHAN M GILLIBRAND

Taxpayer Identification Number [REDACTED]

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	\$
2. Purchases	\$
Minus cost of items withdrawn for personal use	\$ Enter result here →
3. Cost of Labor.	\$
4. Material and supplies.	\$
5. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)	\$
6. Total of lines 1 through 5.	\$
7. Inventory at end of year.	\$
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2. Method of inventory valuation used	\$

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

\$		\$
	TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

Schedule C - TAXES (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$
TOTAL			\$

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 17.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
TOTAL			\$

* Schedule D has been deleted.

Taxpayer Name: JONATHAN M GILLIBRAND

Taxpayer Identification Number [REDACTED]

Schedule F - DC apportionment factor (See instructions.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Column 1 TOTAL	Column 2 in DC	DC Apportionment Factor <small>(Column 2 divided by Column 1)</small>
----------------	----------------	---

Carry all factors to six decimal places

1. **SALES FACTOR:** All gross receipts of the unincorporated

business other than gross receipts from items of non-business income. \$

.00 \$

.00

2. **DC APPORTIONMENT FACTOR:** Column 2 divided by Column 1. Enter on D-30, Line 28.**For Combined Reporters**

Enter the number of members in the combined group

Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

Schedule 1 - Combined Report Tax Due				
Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Schedule G - Other allowable deductions

Nature of Deduction	Amount
	\$
TOTAL (Also enter on D-30, Line 21.)	\$

Schedule H - Income not reported (claimed as nontaxable)

(See instructions.)

Nature of Income	Amount
	\$
TOTAL	\$

Taxpayer Identification Number [REDACTED]

Schedule I - BALANCE SHEETS (See Instructions.)

Beginning of Taxable Year End of Taxable Year

ASSETS LIABILITIES AND CAPITAL		(A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash					
2. Trade notes and accounts receivable.					
(a) MINUS: Allowance for bad debts.					
3. Inventories					
4. Gov't obligatn (a) U.S. and its instrumentalities					
(b) States, subdivisions thereof, etc.					
5. Other current assets (attach statement).					
6. Mortgage and real estate loans.					
7. Other investments (attach statement).					
8. Buildings and other fixed depreciable assets.					
(a) MINUS: Accumulated depreciation.					
9. Depletable assets					
(a) MINUS: Accumulated depletion.					
10 Land (net of any amortization).					
11 Intangible assets (amortizable only).					
(a) MINUS: Accumulated amortization.					
12 Other assets (attach statement).					
13. TOTAL ASSETS.					
14 Accounts payable.					
15 Mortgages, notes, bonds payable in less than 1 year.					
16 Other current liabilities (attach statement).					
17 Mortgages, notes, bonds payable in 1 year or more.					
18 Other liabilities (attach statement).					
19 Capital stock.					
20. TOTAL LIABILITIES AND CAPITAL.					

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1	Col. 2 Percentage of Time Devoted to this Business	Col. 3 Percent- age of Ownership	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6 Net Loss DC Sources	Col. 7 Net Income (or Loss) from Outside DC	Col. 8 Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
Name and Address of Owner(s)/Member(s)	Taxpayer Identification Number	%	% \$	0 \$	0 \$	0 \$	0 \$ 0
TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Col. 4 - See Instructions. Col. 5 - See Instructions. Col. 6 - Any loss amount from Line 31 of D-30. Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.						Enter total taxable income as shown on Line 34 of D-30.	\$ 57,500
						Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)	\$ 62,500

Taxpayer Name: JONATHAN M GILLIBRAND

Taxpayer Identification Number [REDACTED]

SUPPLEMENTAL INFORMATION

1. During 2017, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?		2. PRINCIPAL BUSINESS ACTIVITY 541990	3. DATE BUSINESS BEGAN 010117
Yes	No <input checked="" type="checkbox"/>	4. IF BUSINESS HAS TERMINATED, STATE REASON SOLE PROPRIETOR	5. TERMINATION DATE
If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue. See instructions for address.		6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.) SOLE PROPRIETOR	
7. Place where federal income tax return for period covered by this return was filed: [REDACTED]			
8. Name(s) under which federal return for period covered by this return was filed: KRISTEN E AND JONATHAN GILIGRAND			
9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2017?		Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, please state reason: <input checked="" type="checkbox"/>
10. Is this return reported on the accrual basis?		Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, fill in the method used: <input checked="" type="checkbox"/> Cash basis Other (specify)
11. Did you withhold DC income tax from the wages of your DC employees during 2017?		Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, state reason: <input checked="" type="checkbox"/>
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2016? (If yes, enter name under which return was filed:		Yes <input type="checkbox"/>	No <input type="checkbox"/> If no, state reason: <input checked="" type="checkbox"/>
13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
15. (a) Is this business unitary with a partnership or another corporation?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If yes, explain: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
(b) Is this business unitary with a combined group?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> If yes, explain: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
16. Did you file an annual ballpark fee return?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

IMPORTANT: Please read the instructions before completing this form.

Business name (from your D-20 or D-30 return)

JONATHAN M GILLIBRAND

Federal Employer Identification Number (FEIN) or

Person to contact if there are questions

Social Security Number (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 DC applicable credits and estimated tax payments is less than \$1001, or
- B. You have made the required periodic DC estimated franchise tax payments and the total is equal to or more than 110% of last year's taxes or 90% of current year's taxes. Note: In order to use the prior year 110% exception, you must have filed a DC franchise tax return last year and you must have been in business in DC for the entire year.

Computation of Underpayment Interest

1	2017 DC franchise tax liability from Forms D-20 or D-30.	\$	5175
2	Multiply the amount on Line 1 by 90% (.90).	\$	4658
3	2016 DC franchise tax liability from Forms D-20 or D-30 X 110%.	\$	
4	Minimum estimated tax requirement for tax year 2017 (lesser of Lines 2 and 3).	\$	4658
5	Multiply the amount on Line 4 by 25% (.25).	\$	1165

Note: If your income was not evenly received over 4 periods, see instructions on the "Annualized Income" method.

		Due date of Payments			
		1st Period 04/15/17	2nd Period 06/15/17	3rd Period 09/15/17	4th Period 12/15/17
Due dates shown are for calendar year; for fiscal year, use the 15th day of the 4th, 6th, 9th and 12th months after the end of the fiscal year.					
6	Enter the amount from Line 5 or the annualized income amount in each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts). Check here if you are using "Annualized Income" method.	1165	2330	3495	4658
7	DC estimated taxes paid each period (The 2nd period includes the 1st period amount, 3rd period includes the 1st and 2nd period amounts, the 4th period includes all period amounts).	0	1150	4150	4150
8	Underpayment each period (Line 6 minus Line 7).	1165	1180	0	508
9	Underpayment Interest Factors.	.0175	.0265	.0262	.0348
10	Line 8 multiplied by Line 9.	20	31	0	18
11	Underpayment Interest – Total of amounts from Line 10. Pay this amount. (See instructions)			\$	69

Make check or money order payable to: DC Treasurer

Government of the
District of Columbia

2017 D-30P SUB Payment Voucher for Unincorporated Business Franchise Tax

Amount of Payment \$ 1094.00

(dollars only)

Taxpayer Identification Number

[REDACTED]

Mark if

FEIN

Mark if

X SSN

To avoid penalties and interest, your payment must be
postmarked no later than the due date of your return.

Business or Designated Agent Name

JONATHAN M GILLIBRAND

Business mailing address (number, street and suite/apartment number if applicable)

Business mailing address (number, street and suite/apartment number if applicable)

City

[REDACTED]

State

[REDACTED]

Zipcode + 4

[REDACTED]

SOFTWARE DEVELOPER USE ONLY
VENDOR ID # 1833

Tax period ending (MMYY)
1217

2017 D-40 SUB Individual
Income Tax Return

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information

Telephone number Amended return
 Filing for a deceased taxpayer

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1833

Your Taxpayer Identification Number (TIN) [REDACTED]
 and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's TIN [REDACTED]
 and Date of Birth (MMDDYYYY)

Your first name M.I. Last name
 JONATHAN M GILLIBRAND

Spouse's/registered domestic partner's first name M.I. Last name
 KIRSTEN GILLIBRAND

Home address (number, street and suite/apartment number if applicable)
 [REDACTED]

City State ZIP Code + 4
 [REDACTED] [REDACTED] [REDACTED]

Filing Status

- 1 Mark only one:
 Single Married filing jointly Married filing separately Dependent claimed by someone else
 ▲ Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.
 Registered domestic partners filing jointly or filing separately on same return
 Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
 Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.
- 2 *Mark if you are:* Part-year resident in DC from (MMDD) to (MMDD) See instructions.

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

Income Information

a	Wages, salaries, unemployment compensation and/or tips, see instructions	a	\$.00
b	Business income or loss, see instructions.	Mark if loss	\$	62500.00
c	Capital gain (or loss).	Mark if loss	X	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	\$	57380.00
---	---	--------------	---	----	----------

Additions to DC Income

4	Franchise tax deducted on federal forms, see instructions.	4	\$.00	
5	Other additions from DC Schedule I, Calculation A, Line 8.	5	\$.00	
6	Add Lines 3, 4 and 5.	Mark if loss	6	\$	57380.00

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	\$	796.00		
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	\$	57500.00		
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	\$	58296.00		
14	DC adjusted gross income, Line 6 minus Line 13.	Mark if loss	X	14	\$	916.00

Enter your last name GILLIBRAND
Enter your TIN [REDACTED]

15	Deduction type. Take the same type of deduction you took on your federal return.	
	Mark which type: <input checked="" type="checkbox"/> Standard <input 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 \$ 5650.00
17	Number of exemptions. If more than 1, or if you or your spouse/registered 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 resident, see inst on page 25. * If federal AGI is greater than \$150,000, see instructions on page 27.	18 \$ 3550.00
19	Add Lines 16 and 18.	19 \$ 9200.00
20	DC Taxable income Subtract Line 19 from Line 14. Enter result.	Mark if loss <input checked="" type="checkbox"/> 20 \$ 10116.00

DC tax, credits and payments

21	Tax If Line 20 is \$100,000 or less, use tax tables. If more, use Calculation I Mark if filing separately on same return. Complete Calculation J on Schedule S.	21 \$.00
22	Credit for child and dependent care expenses \$.00 x .32 Enter result > From federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	22 \$.00
23	Non-refundable credits from DC Schedule U, Part 1a, Line 8 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 if claiming LIC.	24a
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 \$.00

27 DC Earned Income Tax Credit Leave blank if you took Line 24 DC Low Income Credit (LIC)

27a	Enter the number of qualified EITC children.	27b Enter earned income amount	27b \$.00
27c	For filers with qualifying children. Enter federal EITC \$.00 X .40 Enter result >	27d \$.00	.00
27e	For filers without qualifying children. See instructions for special calculations. Enter result >	27e \$.00	.00
28	Property Tax Credit. From your DC Schedule H; attach a copy.	28 \$.00	.00
29	Refundable credits from DC Schedule U, Part 1b, Line 3 Attach DC Schedule U.	29 \$.00	.00
30	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	30 \$.00	.00
31	2017 estimated income tax payments and amount applied from 2016 return.	31 \$.00	.00
32	Tax paid with extension of time to file.	32 \$.00	.00
33	Tax paid with original return if this is an amended return.	33 \$.00	.00
34	Total payments and refundable credits. Add Lines 27d or 27e and 28 - 33.	34 \$.00	.00
35	Tax due. Subtract Line 34 from Line 26.	35 \$.00	.00
36	Amount overpaid. Subtract Line 26 from Line 34.	36 \$.00	.00
37	Amount to be applied to your 2018 estimated tax.	37 \$.00	.00
38	Underpayment Interest. Mark if Form D-2210 is attached X	38 \$.00	.00
39	Contribution amount from Schedule U, Part II, Line 5 or 6. (Cannot exceed refund amount on line 41.)	39 \$.00	.00
40	Total amount due. Add Lines 35, 38 and 39.	40 \$.00	.00
41	Net refund. Subtract total of Lines 37, 38 and 39 from Line 36.	41 \$.00	.00

Will this refund go to an account outside the U.S.? Yes No See instructions

42 Mark if either spouse is claiming injured spouse protection.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website: MyTax.DC.gov

Make one refund choice Direct deposit ReliaCard (See instructions) 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 X and enter the name and phone number of that person
Designee's name [REDACTED] Phone number [REDACTED]

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

Your signature [REDACTED]

Date 4/19/2018 Preparer's signature [REDACTED]

Date 040418

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

Date [REDACTED] Preparer's Tax Identification Number (PTIN) [REDACTED]

PTIN telephone number [REDACTED]

2017 D-40WH SUB Withholding
Tax Schedule

Enter DC withholding information below.

Attach W-2's and/or 1099's to Form D-40 or D-40EZ.

THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD

Important: Print in CAPITAL letters using black ink.

SOFTWARE DEVELOPER USE ONLY
VENDOR ID 1833Primary last name shown on Form D-40 or D-40EZ
GILLIBRAND

Taxpayer Identification Number (TIN)

A-Employer or Payor Information		B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099		Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$
Employer or Payor Name		Taxpayer Identification Number	Check the appropriate box W-2 1099
Address		Income Subject to DC Withholding \$	
City		from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
State Zip Code + 4			Enter DC Withholding Only
A-Employer or Payor Information		B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099		Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$
Employer or Payor Name		Taxpayer Identification Number	Check the appropriate box W-2 1099
Address		Income Subject to DC Withholding \$	
City		from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
State Zip Code + 4			Enter DC Withholding Only
A-Employer or Payor Information		B-Employee or Taxpayer Information	C-DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099		Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$
Employer or Payor Name		Taxpayer Identification Number	Check the appropriate box W-2 1099
Address		Income Subject to DC Withholding \$	
City		from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
State Zip Code + 4			Enter DC Withholding Only

Total DC tax withheld from column C above \$ 0.00

If you have DC withholding on multiple pages, add the totals together
and enter the GRAND total on Form D-40EZ, Line 11 or D-40, Line 30.

2017 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 Taxpayer Identification Number (TIN)

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

First name THEODORE	M.I. I	Last name GILLIBRAND
Taxpayer identification number [REDACTED]	Relationship [REDACTED]	Date of Birth (MMDDYYYY) [REDACTED]

First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

Head of household filers TIN 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

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 l.*

		You	Your spouse/registered domestic partner
a Federal adjusted gross income	Mark if minus	a .00	.00
<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>			
b Total additions to federal adjusted gross income	b	.00	.00
<i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>			
c Add Lines a and b.	Mark if minus	c .00	.00
d Total subtractions from federal adjusted gross income	d	.00	.00
<i>Enter each person's portion of subtractions entered on D-40, Line 13.</i>			
e DC adjusted gross income Subtract Line d from Line c.	Mark if minus	e .00	.00
f Deduction amount <i>Enter each person's portion of deductions entered on D-40, Line 16.</i>	f	.00	.00
<i>(You may allocate this amount any way you like.)</i>			
g Number of exemptions. Total must equal Calculation G, Line i.	g		
h Exemption amount <i>Enter each person's portion of the exemption amount entered on D-40, Line 18. * If AGI from either column exceeds \$150,000, see instructions page 27.</i>	h	.00	.00
i Add Lines f and h.	i	.00	.00
j Taxable income <i>Subtract Line i from Line e.</i>	Mark if minus	j .00	.00
k Tax <i>If Line j is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I.</i>	k	.00	.00
l Add the amounts on Line k, enter here and on D-40, Line 21.	I \$.00	Total tax

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

a 200108715	b	c
d	e	f
g	h	i

2017 SCHEDULE I SUB
Additions to and Subtractions from
Federal Adjusted Gross Income

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

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1833

Enter your last name

GILLIBRAND

Taxpayer Identification Number (TIN)

Calculation A Additions to federal adjusted gross income. <i>Fill in only those that apply.</i>			
1 Part-year DC resident - enter the portion of adjustments (from Federal Form 1040, 1040A or 1040NR) that relate to the time you <u>resided outside DC</u> . <i>For Lines 2 - 7 below include only the amounts related to the time you resided in DC.</i>	1	\$.00
2 Income distributions eligible for income averaging on your federal tax return (<i>from federal Form 4972</i>).	2	\$	0.00
3 30% or 50% federal bonus depreciation and/or extra IRC § 179 expenses claimed on federal return.	3	\$	0.00
4 Any part of a discrimination award subject to income averaging.	4	\$.00
5 Deductions for S Corporations from Schedule K-1, form 1120 S.	5	\$.00
6 Other pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 return)	6	\$.00
7 Other (see instructions)	7	\$	0.00
8 Total additions Add entries on Lines 1-7. Enter the total here and on D-40, Line 5.	8	\$	0.00
Calculation B Subtractions from federal adjusted gross income. <i>Fill in only those that apply.</i>			
1 Taxable interest from US Treasury bonds and other obligations. <i>(See instructions.)</i>	1	\$	0.00
2 Disability income exclusion from DC Form D-2440, Line 10 <i>(See instructions.)</i>	2	\$	0.00
3 Interest and dividend income of a child from Federal Form 8814*.	3	\$	0.00
4 Awards, other than front and back pay, received due to unlawful employment discrimination.	4	\$.00
5 Excess of DC allowable depreciation over federal allowable depreciation. <i>See instructions.</i>	5	\$	0.00
6 Amount paid (or carried over) to DC College Savings plan in 2017 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). <i>Part year residents, see instructions.</i>	6	\$.00
7a Exclusion of up to \$10,000 for DC residents (certified by the Social Security Admin. as disabled) with adjusted annual household income of less than \$100,000. <i>See instructions.</i>	7a	\$.00
7b Annual household adjusted gross income. <i>See instructions.</i>	7b	\$.00
8 Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. <i>See instructions.</i>	8	\$.00
9 Expenditures by DC teachers for certain tuition and fees, \$1,500 annual limit per person. <i>See instructions.</i>	9	\$.00
10 Loan repayment awards received by health-care professionals from DC government. <i>See instructions.</i>	10	\$.00
11 Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. <i>Make no entry if the premium was deducted on your federal return, see instructions</i>	11	\$.00
12 DC Poverty Lawyer Loan Assistance. <i>See instructions.</i>	12	\$.00
13 Other (see instructions)	13	\$	0.00
14 Military Spouse Residency Relief Act. <i>See instructions.</i>	14	\$.00
15 RESERVED	15	\$	
16 Total subtractions. Add entries on Lines 1-7a and 8-15. Enter the total here and on D-40, Line 12.	16	\$	0.00

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