

**Filing Status**  Single  Married filing jointly  Married filing separately (MFS)  Head of household (HOH)  Qualifying surviving spouse (QSS)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial <b>Kirsten E Gillibrand</b>	Last name	Your social security number
If joint return, spouse's first name and middle initial <b>Jonathan M Gillibrand</b>	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below.		
Foreign country name	Foreign province/state/county	

**Digital Assets** At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)  Yes  No

**Standard Deduction** **Someone can claim:**  You as a dependent  Your spouse as a dependent  Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You:  Were born before January 2, 1958  Are blind Spouse:  Was born before January 2, 1958  Is blind

**Dependents (see instructions):**

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
Theodore I Gillibrand				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Henry N Gillibrand				<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Income</b>	1 a Total amount from Form(s) W-2, box 1 (see instructions).....	1a	246,606.
	b Household employee wages not reported on Form(s) W-2.....	1b	
	c Tip income not reported on line 1a (see instructions).....	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions).....	1d	
	e Taxable dependent care benefits from Form 2441, line 26.....	1e	
	f Employer-provided adoption benefits from Form 8839, line 29.....	1f	
	g Wages from Form 8919, line 6.....	1g	
	h Other earned income (see instructions).....	1h	
	i Nontaxable combat pay election (see instructions).....	1i	
	z Add lines 1a through 1h.....	1z	246,606.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest.....	2a	
	3a Qualified dividends.....	3a	
	4a IRA distributions.....	4a	
	5a Pensions and annuities.....	5a	
	6a Social security benefits.....	6a	
	c If you elect to use the lump-sum election method, check here (see instructions).....		
Attach Sch. B if required.	b Taxable interest.....	2b	4,103.
	b Ordinary dividends.....	3b	
	b Taxable amount.....	4b	
	b Taxable amount.....	5b	
	b Taxable amount.....	6b	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here.....	7	
8 Other income from Schedule 1, line 10.....	8		
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> .....	9	250,709.	
10 Adjustments to income from Schedule 1, line 26.....	10		
11 Subtract line 10 from line 9. This is your <b>adjusted gross income</b> .....	11	250,709.	
12 <b>Standard deduction or itemized deductions</b> (from Schedule A).....	12	25,900.	
13 Qualified business income deduction from Form 8995 or Form 8995-A.....	13		
14 Add lines 12 and 13.....	14	25,900.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> .....	15	224,809.	

**Standard Deduction for —**  
 • Single or Married filing separately, \$12,950  
 • Married filing jointly or Qualifying surviving spouse, \$25,900  
 • Head of household, \$19,400  
 • If you checked any box under **Standard Deduction**, see instructions.

<b>Tax and Credits</b>	<b>16</b> Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	41,625.
	<b>17</b> Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b> Add lines 16 and 17	<b>18</b>	41,625.
	<b>19</b> Child tax credit or credit for other dependents from Schedule 8812	<b>19</b>	2,500.
	<b>20</b> Amount from Schedule 3, line 8	<b>20</b>	
	<b>21</b> Add lines 19 and 20	<b>21</b>	2,500.
	<b>22</b> Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	39,125.
	<b>23</b> Other taxes, including self-employment tax, from Schedule 2, line 21	<b>23</b>	122.
<b>24</b> Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	39,247.	

<b>Payments</b>	<b>25</b> Federal income tax withheld from:		
	a Form(s) W-2	<b>25a</b>	40,185.
	b Form(s) 1099	<b>25b</b>	
	c Other forms (see instructions)	<b>25c</b>	
	d Add lines 25a through 25c	<b>25d</b>	40,185.
	<b>26</b> 2022 estimated tax payments and amount applied from 2021 return	<b>26</b>	
	<b>27</b> Earned income credit (EIC)	<b>27</b>	
	<b>28</b> Additional child tax credit from Schedule 8812	<b>28</b>	
	<b>29</b> American opportunity credit from Form 8863, line 8	<b>29</b>	
	<b>30</b> Reserved for future use	<b>30</b>	
<b>31</b> Amount from Schedule 3, line 15	<b>31</b>		
<b>32</b> Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>		
<b>33</b> Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	40,185.	

<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> .	<b>34</b>	938.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here... <input type="checkbox"/>	<b>35a</b>	938.
	b Routing number: XXXXXXXXXXXX c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
<b>36</b> Amount of line 34 you want <b>applied to your 2023 estimated tax</b>	<b>36</b>		

<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe</b> . For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions.	<b>37</b>	
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS?  
See instructions.  Yes. Complete below.  No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN) \_\_\_\_\_

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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **US Senator** If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation **Diplomatic Advisor** If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. \_\_\_\_\_ Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ PTIN \_\_\_\_\_ Check if:  Self-employed

Firm's name \_\_\_\_\_ Phone no. \_\_\_\_\_

Firm's address \_\_\_\_\_ Firm's EIN \_\_\_\_\_

**SCHEDULE 2  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Taxes**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. 02

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Kirsten E and Jonathan M Gillibrand

Your social security number

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251.....	1	0.
2	Excess advance premium tax credit repayment. Attach Form 8962.....	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.....	3	0.

**Part II Other Taxes**

4	Self-employment tax. Attach Schedule SE.....	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.....	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.....	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.....	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here. <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H.....	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.....	10	
11	Additional Medicare Tax. Attach Form 8959.....	11	95.
12	Net investment income tax. Attach Form 8960.....	12	27.
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.....	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.....	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.....	15	
16	Recapture of low-income housing credit. Attach Form 8611.....	16	

(continued on page 2)

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

**Schedule 2 (Form 1040) 2022**

**Part II Other Taxes** (continued)

<b>17</b>	Other additional taxes:		
<b>a</b>	Recapture of other credits. List type, form number, and amount:	<b>17a</b>	
<b>b</b>	Recapture of federal mortgage subsidy, if you sold your home see instructions.	<b>17b</b>	
<b>c</b>	Additional tax on HSA distributions. Attach Form 8889.	<b>17c</b>	
<b>d</b>	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889.	<b>17d</b>	
<b>e</b>	Additional tax on Archer MSA distributions. Attach Form 8853.	<b>17e</b>	
<b>f</b>	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853.	<b>17f</b>	
<b>g</b>	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property.	<b>17g</b>	
<b>h</b>	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A.	<b>17h</b>	
<b>i</b>	Compensation you received from a nonqualified deferred compensation plan described in section 457A.	<b>17i</b>	
<b>j</b>	Section 72(m)(5) excess benefits tax.	<b>17j</b>	
<b>k</b>	Golden parachute payments.	<b>17k</b>	
<b>l</b>	Tax on accumulation distribution of trusts.	<b>17l</b>	
<b>m</b>	Excise tax on insider stock compensation from an expatriated corporation.	<b>17m</b>	
<b>n</b>	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866.	<b>17n</b>	
<b>o</b>	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	<b>17o</b>	
<b>p</b>	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund.	<b>17p</b>	
<b>q</b>	Any interest from Form 8621, line 24.	<b>17q</b>	
<b>z</b>	Any other taxes. List type and amount:	<b>17z</b>	
<b>18</b>	Total additional taxes. Add lines 17a through 17z.	<b>18</b>	
<b>19</b>	Reserved for future use.	<b>19</b>	
<b>20</b>	Section 965 net tax liability installment from Form 965-A.	<b>20</b>	
<b>21</b>	Add lines 4, 7 through 16, and 18. These are your <b>total other taxes</b> . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b.	<b>21</b>	122.

**SCHEDULE B  
(Form 1040)**

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

**Part I**

**Interest**

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

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

		Amount
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: <u>Citibank Bank NA</u>	4,103.
2	Add the amounts on line 1.....	4,103.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815.....	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b...	4,103.

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

**Part II**

**Ordinary Dividends**

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

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

		Amount
5	List name of payer: _____	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b...	0.

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

**Part III  
Foreign Accounts and Trusts**

**Caution:** If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

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

	Yes	No
7a At any time during 2022, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.....		X
If 'Yes,' are you required to file 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, list the name(s) of the foreign country(-ies) where the financial account(s) are located: _____		
8 During 2022, 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

**Alternative Minimum Tax – Individuals**  
Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
Attach to Form 1040, 1040-SR, or 1040-NR.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Your social security number

Kirsten E and Jonathan M Gillibrand

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

<b>1</b>	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	<b>1</b>	224,809.
<b>2a</b>	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12.	<b>2a</b>	25,900.
<b>b</b>	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z.	<b>2b</b>	( )
<b>c</b>	Investment interest expense (difference between regular tax and AMT).	<b>2c</b>	
<b>d</b>	Depletion (difference between regular tax and AMT).	<b>2d</b>	
<b>e</b>	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount.	<b>2e</b>	
<b>f</b>	Alternative tax net operating loss deduction.	<b>2f</b>	( )
<b>g</b>	Interest from specified private activity bonds exempt from the regular tax.	<b>2g</b>	
<b>h</b>	Qualified small business stock, see instructions.	<b>2h</b>	
<b>i</b>	Exercise of incentive stock options (excess of AMT income over regular tax income).	<b>2i</b>	
<b>j</b>	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	<b>2j</b>	
<b>k</b>	Disposition of property (difference between AMT and regular tax gain or loss).	<b>2k</b>	
<b>l</b>	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	<b>2l</b>	
<b>m</b>	Passive activities (difference between AMT and regular tax income or loss).	<b>2m</b>	
<b>n</b>	Loss limitations (difference between AMT and regular tax income or loss).	<b>2n</b>	
<b>o</b>	Circulation costs (difference between regular tax and AMT).	<b>2o</b>	
<b>p</b>	Long-term contracts (difference between AMT and regular tax income).	<b>2p</b>	
<b>q</b>	Mining costs (difference between regular tax and AMT).	<b>2q</b>	
<b>r</b>	Research and experimental costs (difference between regular tax and AMT).	<b>2r</b>	
<b>s</b>	Income from certain installment sales before January 1, 1987.	<b>2s</b>	( )
<b>t</b>	Intangible drilling costs preference.	<b>2t</b>	
<b>3</b>	Other adjustments, including income-based related adjustments.	<b>3</b>	
<b>4</b>	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$776,100, see instructions.)	<b>4</b>	250,709.

**Part II Alternative Minimum Tax (AMT)**

<b>5</b>	Exemption. <b>IF your filing status is ... AND line 4 is not over ... THEN enter on line 5 ...</b> Single or head of household. . . . . \$ 539,900 . . . . . \$ 75,900 Married filing jointly or qualifying widow(er) 1,079,900 . . . . . 118,100 Married filing separately. . . . . 539,900 . . . . . 59,050 If line 4 is <b>over</b> the amount shown above for your filing status, see instructions.	<b>5</b>	118,100.
<b>6</b>	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.	<b>6</b>	132,609.
<b>7</b>	• If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • <b>All others:</b> If line 6 is \$206,100 or less (\$103,050 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,122 (\$2,061 if married filing separately) from the result.	<b>7</b>	34,478.
<b>8</b>	Alternative minimum tax foreign tax credit (see instructions).	<b>8</b>	
<b>9</b>	Tentative minimum tax. Subtract line 8 from line 7.	<b>9</b>	34,478.
<b>10</b>	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions.	<b>10</b>	41,625.
<b>11</b>	<b>AMT.</b> Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1.	<b>11</b>	0.

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

**SCHEDULE 8812**  
**(Form 1040)**

**Credits for Qualifying Children and Other Dependents**

OMB No. 1545-0074

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

Attachment  
Sequence No. **47**

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

**Part I Child Tax Credit and Credit for Other Dependents**

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR .....	1	250,709.
2a	Enter income from Puerto Rico that you excluded .....	2a	
b	Enter the amounts from lines 45 and 50 of your Form 2555 .....	2b	
c	Enter the amount from line 15 of your Form 4563 .....	2c	
d	Add lines 2a through 2c .....	2d	
3	Add lines 1 and 2d .....	3	250,709.
4	Number of qualifying children under age 17 with the required social security number .....	4	1
5	Multiply line 4 by \$2,000 .....	5	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number .....	6	1
<b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by \$500 .....	7	500.
8	Add lines 5 and 7 .....	8	2,500.
9	Enter the amount shown below for your filing status. • Married filing jointly—\$400,000 • All other filing statuses—\$200,000	9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.	10	0.
11	Multiply line 10 by 5% (0.05) .....	11	
12	Is the amount on line 8 more than the amount on line 11? .....	12	2,500.
<input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27. <input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the <b>Credit Limit Worksheet A</b> .....	13	41,625.
14	Enter the smaller of line 12 or 13. <b>This is your child tax credit and credit for other dependents</b> .....	14	2,500.
<b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>			

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

**Schedule 8812 (Form 1040) 2022**

**Part II-A Additional Child Tax Credit for All Filers**

**Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

**15** Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27

**16a** Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27. 16a 0.

**b** Number of qualifying children under 17 with the required social security number: \_\_\_\_\_ X \$1,500.  
Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27. 16b

**TIP:** The number of children you use for this line is the same as the number of children you used for line 4.

**17** Enter the **smaller** of line 16a or line 16b. 17

**18a** Earned income (see instructions). 18a

**b** Nontaxable combat pay (see instructions). 18b

**19** Is the amount on line 18a more than \$2,500?  
 **No.** Leave line 19 blank and enter -0- on line 20.  
 **Yes.** Subtract \$2,500 from the amount on line 18a. Enter the result. 19

**20** Multiply the amount on line 19 by 15% (0.15) and enter the result. 20  
**Next.** On line 16b, is the amount \$4,500 or more?  
 **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.  
 **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

**21** Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions. 21

**22** Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13. 22

**23** Add lines 21 and 22. 23

**24** **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.  
**1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11. 24

**25** Subtract line 24 from line 23. If zero or less, enter -0-. 25

**26** Enter the **larger** of line 20 or line 25. 26  
**Next,** enter the **smaller** of line 17 or line 26 on line 27.

**Part II-C Additional Child Tax Credit**

**27** This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28. 27 0.



**Paid Preparer's Due Diligence Checklist**

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

**To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.  
Go to [www.irs.gov/Form8867](http://www.irs.gov/Form8867) for instructions and the latest information.**

Taxpayer name(s) shown on return

Kirsten E and Jonathan M Gillibrand

Taxpayer identification number

Preparer's name

Preparer tax identification number

**Part I Due Diligence Requirements**

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.			
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
List those documents provided by the taxpayer, if any, that you relied on:			
_____			
_____			
_____			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Part II Due Diligence Questions for Returns Claiming EIC</b> (If the return does not claim EIC, go to Part III.)			
	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>Part IV Due Diligence Questions for Returns Claiming AOTC</b> (If the return does not claim AOTC, go to Part V.)			
	Yes	No	
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Part V Due Diligence Questions for Claiming HOH</b> (If the return does not claim HOH filing status, go to Part VI.)			
	Yes	No	
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Part VI Eligibility Certification</b>			
<p><b>You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:</b></p> <p>A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);</p> <p>B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;</p> <p>C. Submit Form 8867 in the manner required; <b>and</b></p> <p>D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under <i>Document Retention</i>.</p> <ol style="list-style-type: none"> <li>1. A copy of this Form 8867.</li> <li>2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.</li> <li>3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li> <li>4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.</li> <li>5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).</li> </ol> <p><b>If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).</b></p>			
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**Additional Medicare Tax**

Department of the Treasury  
Internal Revenue Service

**If any line does not apply to you, leave it blank. See separate instructions.**  
**Attach to Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.**  
**Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.**

**2022**

Attachment  
Sequence No. **71**

Name(s) shown on return

Your social security number

Kirsten E and Jonathan M Gillibrand

**Part I Additional Medicare Tax on Medicare Wages**

<b>1</b> Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5. . . . .	<b>1</b>	260,534.	
<b>2</b> Unreported tips from Form 4137, line 6. . . . .	<b>2</b>		
<b>3</b> Wages from Form 8919, line 6. . . . .	<b>3</b>		
<b>4</b> Add lines 1 through 3. . . . .	<b>4</b>	260,534.	
<b>5</b> Enter the following amount for your filing status:			
Married filing jointly. . . . . \$250,000			
Married filing separately. . . . . \$125,000			
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>5</b>	250,000.	
<b>6</b> Subtract line 5 from line 4. If zero or less, enter -0-. . . . .	<b>6</b>		10,534.
<b>7</b> Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II. . . . .	<b>7</b>		95.

**Part II Additional Medicare Tax on Self-Employment Income**

<b>8</b> Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0- (Form 1040-PR or 1040-SS filers, see instructions). . . . .	<b>8</b>		
<b>9</b> Enter the following amount for your filing status:			
Married filing jointly. . . . . \$250,000			
Married filing separately. . . . . \$125,000			
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>9</b>		
<b>10</b> Enter the amount from line 4. . . . .	<b>10</b>		
<b>11</b> Subtract line 10 from line 9. If zero or less, enter -0-. . . . .	<b>11</b>		
<b>12</b> Subtract line 11 from line 8. If zero or less, enter -0-. . . . .			<b>12</b>
<b>13</b> Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III. . . . .			<b>13</b>

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation**

<b>14</b> Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions). . . . .	<b>14</b>		
<b>15</b> Enter the following amount for your filing status:			
Married filing jointly. . . . . \$250,000			
Married filing separately. . . . . \$125,000			
Single, Head of household, or Qualifying surviving spouse . . . . . \$200,000	<b>15</b>		
<b>16</b> Subtract line 15 from line 14. If zero or less, enter -0-. . . . .			<b>16</b>
<b>17</b> Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV. . . . .			<b>17</b>

**Part IV Total Additional Medicare Tax**

<b>18</b> Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-PR or 1040-SS filers, see instructions), and go to Part V. . . . .	<b>18</b>		95.
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**Part V Withholding Reconciliation**

<b>19</b> Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6. . . . .	<b>19</b>	3,778.	
<b>20</b> Enter the amount from line 1. . . . .	<b>20</b>	260,534.	
<b>21</b> Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages. . . . .	<b>21</b>	3,778.	
<b>22</b> Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages. . . . .			<b>22</b>
<b>23</b> Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions). . . . .			<b>23</b>
<b>24</b> Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-PR or 1040-SS filers, see instructions). . . . .			<b>24</b>

**Net Investment Income Tax –  
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to [www.irs.gov/Form8960](http://www.irs.gov/Form8960) for instructions and the latest information.

Name(s) shown on your tax return

**Kirsten E and Jonathan M Gillibrand**

Your social security number or EIN

**Part I Investment Income**

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

1	Taxable interest (see instructions)		1	4,103.
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions)	4a	4c	
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b			
5a	Net gain or loss from disposition of property (see instructions)	5a	5d	
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c			
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	4,103.

**Part II Investment Expenses Allocable to Investment Income and Modifications**

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

**Part III Tax Computation**

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-		12	4,103.
<b>Individuals:</b>				
13	Modified adjusted gross income (see instructions)	13	250,709.	
14	Threshold based on filing status (see instructions)	14	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	709.	
16	Enter the smaller of line 12 or line 15		16	709.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	27.
<b>Estates and Trusts:</b>				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and deductions under section 642(c) (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

NYIA1312L 10/27/22

# IT-201

For the full year January 1, 2022, through December 31, 2022, or fiscal year beginning . . . . . **22**  
and ending . . . . .

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

Your first name <b>KIRSTEN</b>	MI <b>E</b>	Your last name (for a joint return, enter spouse's name on line below) <b>GILLIBRAND</b>	Your date of birth (mmddyyyy) [REDACTED]	Your Social Security number [REDACTED]
Spouse's first name <b>JONATHAN</b>	MI <b>M</b>	Spouse's last name <b>GILLIBRAND</b>	Spouse's date of birth (mmddyyyy) [REDACTED]	Spouse's Social Security number [REDACTED]
Mailing address (see instructions) (number and street or PO Box) [REDACTED]		Apartment number [REDACTED]	New York State county of residence [REDACTED]	
City, village, or post office [REDACTED]	State <b>NY</b>	ZIP code [REDACTED]	Country [REDACTED]	School district name [REDACTED]
Taxpayer's permanent home address (see instructions) (number and street or rural route) [REDACTED]		Apartment number [REDACTED]	School district code number . . . . . [REDACTED]	
City, village, or post office [REDACTED]	State <b>NY</b>	ZIP code [REDACTED]	Decedent information [REDACTED]	Taxpayer's date of death (mmddyyyy) [REDACTED]
				Spouse's date of death (mmddyyyy) [REDACTED]

- 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 surviving spouse

**B** Did you itemize your deductions on your 2022 federal income tax return? . . . . . Yes  No

**C** Can you be claimed as a dependent on another taxpayer's federal return? . . . . . Yes  No

**D1** Did you have a financial account located in a foreign country? . . . . . Yes  No

**D2 Yonkers residents and Yonkers part-year residents only:**  
(1) Did you receive a homeowner tax rebate credit? (see instructions) . . . . . Yes  No   
(2) Enter the amount . . . . . [REDACTED].00

**E** (1) Did you or your spouse maintain living quarters in NYC during 2022? . . . . . Yes  No   
(2) Enter the number of days spent in NYC in 2022 (any part of a day spent in NYC is considered a day) . . . . . [REDACTED]

**F NYC residents and NYC part-year residents only:**  
(1) Number of months you lived in NYC in 2022 . . . . . [REDACTED]  
(2) Number of months your spouse lived in NYC in 2022 . . . . . [REDACTED]

**G** Enter your 2-character special condition code(s) if applicable . . . . . [REDACTED] [REDACTED]

### H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)
<b>THEODORE</b>	<b>I</b>	<b>GILLIBRAND</b>	[REDACTED]	[REDACTED]	[REDACTED]
<b>HENRY</b>	<b>N</b>	<b>GILLIBRAND</b>	[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]

KIRSTEN E AND JONATHAN M

**Federal income and adjustments**

Whole dollars only

1	Wages, salaries, tips, etc.	1	246606.00
2	Taxable interest income	2	4103.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify: _____	16	.00
17	Add lines 1 through 11 and 13 through 16	17	250709.00
18	Total federal adjustments to income Identify: _____	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	250709.00
19a	Recomputed federal adjusted gross income (see Line 19a worksheet)	19a	250709.00

**New York additions**

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19a through 23	24	250709.00

**New York subtractions**

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	250709.00

**Standard deduction or itemized deduction**

34 Enter your standard deduction or your itemized deduction (from Form IT-196)  
Mark an X in the appropriate box:  Standard - or -  Itemized

34		34	16050.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	234659.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	2 000.00
37	Taxable income (subtract line 36 from line 35)	37	232659.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

[REDACTED]

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

Your Social Security number  
XXXXXXXXXX

**Tax computation, credits, and other taxes**

38	Taxable income (from line 37 on page 2)	38	232659.00
39	NYS tax on line 38 amount	39	14541.00
40	NYS household credit	40	.00
41	Resident credit	41	5880.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	5880.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	8661.00
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	8661.00

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

47	NYC taxable income	47	.00
47a	NYC resident tax on line 47 amount	47a	.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base	54a	.00
54b	MCTMT	54b	.00
55	Yonkers resident income tax surcharge	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 (do not leave blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	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	8661.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges, and MCTMT.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



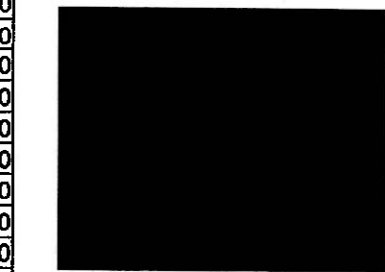
Your Social Security number [redacted]

62 Enter amount from line 61.....

62 8661.00

Payments and refundable credits

Table with columns for line number, description, and amount. Includes lines 63-75 for various credits and withholdings.



76 Total payments (add lines 63 through 75)..... 76 8906.00

Your refund, amount you owe, and account information

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76).....
78 Amount of line 77 available for refund (subtract line 79 from line 77).....
78a Amount of line 78 that you want to deposit into a NYS 529 account.....
78b Total refund after NYS 529 account deposit.....

77 245.00
78 245.00
78a .00
78b 245.00

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

79 Amount of line 77 that you want applied to your 2023 estimated tax..... 79 .00
80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62)..... 80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)..... 81 .00
82 Other penalties and interest..... 82 .00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal. 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..... [ ]

83a Account type: [ ] Personal checking - or - [ ] Personal savings - or - [ ] Business checking - or - [ ] Business savings
83b Routing number [redacted] 83c Account number [redacted]

84 Electronic funds withdrawal..... Date [redacted] Amount [redacted] .00

Third-party designee? (see instr.) Yes [ ] No [ ] Print designee's name [redacted] Designee's phone number ( ) Personal identification number (PIN) [redacted]

Prepared by a tax preparer? (see instructions) Preparer's signature [redacted] Preparer's printed name [redacted] Preparer's PTIN or SSN [redacted] Employer identification number [redacted] Date [redacted]

Taxpayer(s) must sign here Your signature [redacted] Your occupation US SENATOR Spouse's signature and occupation (if joint return) DIPLOMATIC Date [redacted] Daytime phone number ( )

See instructions for where to mail your return.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM





# Summary of W-2 Statements

# IT-2

New York State • New York City • Yonkers

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

## W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

Box 1 Wages, tips, other compensation  
147272.00

Box 8 Allocated tips  
.00

Box 10 Dependent care benefits  
.00

Box 11 Nonqualified plans  
.00

### Box c Employer's information

Employer's name  
**UNITED STATES SENATE DISBURSING OFFICE**  
Employer's address (number and street)  
**RM SH-127 HART OFFICE BLDG**  
City State ZIP code Country  
**WASHINGTON DC 205107104**

Box 12a Amount  
8700.00  
Code  
D

Box 12b Amount  
14928.00  
Code  
D D

Box 12c Amount  
.00  
Code  
I

Box 12d Amount  
.00  
Code  
I

Box 14a Amount  
16310.00  
Description  
14A

Box 14b Amount  
.00  
Description

Box 14c Amount  
.00  
Description

Box 14d Amount  
.00  
Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State

N Y 147272.00

Box 17a NYS income tax withheld  
8506.00

Other state information: Box 15b other state

.00

Box 17b Other state income tax withheld  
.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a .00  
Locality b .00

Box 19 Local income tax withheld  
Locality a .00  
Locality b .00

Box 20 Locality name

## W-2 Record 2

Do not detach.

Box a Employee's Social Security number for this W-2 Record

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

Box 1 Wages, tips, other compensation  
99334.00

Box 8 Allocated tips  
.00

Box 10 Dependent care benefits  
.00

Box 11 Nonqualified plans  
.00

### Box c Employer's information

Employer's name  
**US DEPARTMENT OF STATE CHARLESTON FINANCIAL SERVICE CENTER**  
Employer's address (number and street)  
**2010 BAINBRIDGE AVENUE**  
City State ZIP code Country  
**CHARLESTON SC 29405**

Box 12a Amount  
5228.00  
Code  
D

Box 12b Amount  
.00  
Code  
I

Box 12c Amount  
.00  
Code  
I

Box 12d Amount  
.00  
Code  
I

Box 14a Amount  
.00  
Description

Box 14b Amount  
.00  
Description

Box 14c Amount  
.00  
Description

Box 14d Amount  
.00  
Description

Box 13 Statutory employee  Retirement plan  Third-party sick pay

Corrected (W-2c)

NY State information: Box 15a NY State

N Y 99334.00

Box 17a NYS income tax withheld  
.00

Other state information: Box 15b other state

.00

Box 17b Other state income tax withheld  
.00

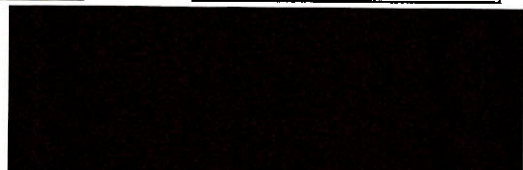
NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.  
Locality a .00  
Locality b .00

Box 19 Local income tax withheld  
Locality a .00  
Locality b .00

Box 20 Locality name

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

# New York State Resident Credit

Tax Law – Section 620

NY12112L 08/02/22

# IT-112-R

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

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

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

Part 1 – Income and adjustments <i>(see instructions)</i>	A Amount reported on New York State return	B Amount sourced to and taxed by other taxing authority
	Whole dollars only	Whole dollars only
1 Wages, salaries, tips, etc.....	1 246606.00	1 99334.00
2 Taxable interest income.....	2 4103.00	2 2052.00
3 Ordinary dividends.....	3 .00	3 .00
4 Taxable refunds, credits, or offsets of state and local income taxes.....	4 .00	4 .00
5 Alimony received.....	5 .00	5 .00
6 Business income or loss.....	6 .00	6 .00
7 Capital gain or loss.....	7 .00	7 .00
8 Other gains or losses.....	8 .00	8 .00
9 Taxable amount of IRA distributions.....	9 .00	9 .00
10 Taxable amount of pensions and annuities.....	10 .00	10 .00
11 Rental real estate, royalties, partnerships, S corporations, trusts, etc.....	11 .00	11 .00
12 Farm income or loss.....	12 .00	12 .00
13 Unemployment compensation.....	13 .00	13 .00
14 Taxable amount of Social Security benefits.....	14 .00	14 .00
15 Other income.....	15 .00	15 .00
16 Add lines 1 through 15.....	16 250709.00	16 101386.00
17 Total federal adjustments to income.....	17 .00	17 .00
18 Federal adjusted gross income <i>(subtract line 17 from line 16)</i> .....	18 250709.00	18 101386.00
18a Recomputed federal adjusted gross income <i>(see instr.)</i> .....	18a .00	18a
19 New York adjustments <i>(see instructions)</i> .....	19 .00	19
20 New York adjusted gross income <i>(see instructions)</i> .....	20 250709.00	20 101386.00
21 Capital gain portion of lump-sum distributions <i>(see instr.)</i> .....	21 .00	21 .00
22 Add lines 20 and 21.....	22 250709.00	22 101386.00

NO HANDWRITTEN ENTRIES ON THIS FORM

(continued on Page 2)





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

23 Enter the two-letter abbreviation of the other state, including the District of Columbia, where tax was paid (see instructions) 23 DC

Also enter the locality name, if applicable Locality name:

24 Enter the amount of income tax imposed on this year's return for the other state or local government that was paid by the:

24a Taxpayer	24a	5916.00	
24b Entity on behalf of the taxpayer	24b	.00	
24 Total income tax imposed (add lines 24a and 24b)			24 5916.00

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

Enter the group's EIN

25 New York State tax payable (see instructions)	25	14541.00
26 Divide line 22, column B, by line 22, column A (round to the fourth decimal place; see instructions)	26	0.4044
27 Multiply line 25 by line 26	27	5880.00
28 Enter amount from line 24 or line 27, whichever is less (see instructions)	28	5880.00
29 Total line 28 amounts from additional Form(s) IT-112-R and line 44 amounts from Form(s) IT-112-C, if any (see instructions)	29	.00
30 Add lines 28 and 29	30	5880.00

**Part 3 – Application of Credit**

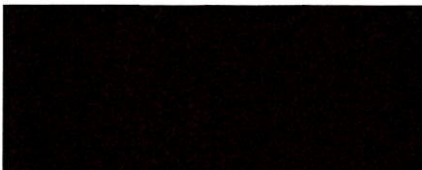
31 Tax due before credits (see instructions)	31	14541.00
32 Other credits that you applied before this credit (see instructions)	32	.00
33 Subtract line 32 from line 31	33	14541.00
34 Enter the amount from line 30 or line 33, whichever is less (see instructions)	34	5880.00

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

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

35 Enter the total amount of tax withheld for and/or amount of estimated tax payments made to the other state, local government, or the District of Columbia (see instructions)	35	.00
36 Enter the amount of overpayment, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	36	.00
37 Enter the balance due, if any, shown on the return you filed with the other state, local government, or the District of Columbia (see instructions)	37	.00

NO HANDWRITTEN ENTRIES ON THIS FORM





Department of Taxation and Finance

NYIA5734 08/03/22

# Claim for College Tuition Credit or Itemized Deduction

Full-year New York State residents only  
Tax Law – Section 606(t)

# IT-272

Submit your completed Form IT-272 with Form IT-201. See Form IT-272-I, *Instructions for Form IT-272*.

Your name as shown on return (first name first)	Your Social Security number
KIRSTEN E GILLIBRAND	[REDACTED]
Spouse's name (first name first)	Spouse's Social Security number
JONATHAN M GILLIBRAND	[REDACTED]

Note: If you are married and filing separate New York State returns, you must also enter your spouse's name and Social Security number.

- 1 Are you claimed as a dependent on another taxpayer's New York State tax return for this tax year? ... **1** Yes  No
- If Yes, stop; you do not qualify for the college tuition credit or the college tuition itemized deduction.
  - If No, continue with question 2.
- 2 Were you (and your spouse if filing a joint return) a New York State resident for all of this tax year? ... **2** Yes  No
- If Yes, continue with Part 1 below.
  - If No, stop; you do not qualify for the college tuition credit. However, you may qualify for the college tuition itemized deduction. For more information, see the instructions for Form IT-203.

Part 1 – In the spaces provided below, complete A through I for up to three eligible students for whom you paid qualified college tuition expenses. (If you are claiming expenses for more than three eligible students, see instructions.)

Eligible student	A First name	MI	Last name	Suffix	B Social Security number	C Date of birth(mm/dd/yyyy)
1	THEODORE	I	GILLIBRAND		[REDACTED]	[REDACTED]

D Is the student claimed as a dependent on your NYS return? (see instructions) ... Yes  No

E EIN of college or university (see instructions)	F Name of college or university (see instructions)
[REDACTED]	[REDACTED]

G Were expenses for undergraduate tuition? (see instructions) ... Yes  No

H Amount of qualified college tuition expenses (see instructions) ... <b>19660 .00</b>	I Enter the lesser of line H or 10,000 ... <b>10000 .00</b>
--	---

Eligible student	A First name	MI	Last name	Suffix	B Social Security number	C Date of birth(mm/dd/yyyy)
2						

D Is the student claimed as a dependent on your NYS return? (see instructions) ... Yes  No

E EIN of college or university (see instructions)	F Name of college or university (see instructions)

G Were expenses for undergraduate tuition? (see instructions) ... Yes  No

H Amount of qualified college tuition expenses (see instructions) ... <b>.00</b>	I Enter the lesser of line H or 10,000 ... <b>.00</b>
--	---

Eligible student	A First name	MI	Last name	Suffix	B Social Security number	C Date of birth(mm/dd/yyyy)
3						

D Is the student claimed as a dependent on your NYS return? (see instructions) ... Yes  No

E EIN of college or university (see instructions)	F Name of college or university (see instructions)

G Were expenses for undergraduate tuition? (see instructions) ... Yes  No

H Amount of qualified college tuition expenses (see instructions) ... <b>.00</b>	I Enter the lesser of line H or 10,000 ... <b>.00</b>
--	---

3 Total qualified college tuition expenses (total the line I amounts for all eligible students, including amounts from additional sheets, then complete Part 2 or Part 3) ... **3** **10000 .00**

NO HANDWRITTEN ENTRIES ON THIS FORM





**Part 2** — Complete Part 2 if your total qualified college tuition expenses on line 3 are less than \$5,000.

4 Credit limitation (\$200)..... 

4	200.00
---	--------

5 Enter the lesser of line 3 or line 4. This is your college tuition credit..... 

5	.00
---	-----

- If you did not itemize your deductions on your New York return, enter the line 5 amount on Form IT-201, line 68.
- If you itemized your deductions on your New York return, continue with Part 4.

**Part 3** — Complete Part 3 if your total qualified college tuition expenses on line 3 are \$5,000 or more.

6 Enter the amount from line 3..... 

6	10000.00
---	----------

7 Multiply line 6 by 4% (.04). This is your college tuition credit..... 

7	400.00
---	--------

- If you did not itemize your deductions on your New York return, enter the line 7 amount on Form IT-201, line 68.
- If you itemized your deductions on your New York return, continue with Part 4.

**Part 4** — College tuition itemized deduction election

If you itemized your deductions on your New York return, you may elect to claim the college tuition itemized deduction instead of the college tuition credit. To compute your college tuition itemized deduction, complete **Worksheet 1** in the instructions for this form. To determine if you will receive a greater tax benefit from the itemized deduction or credit, complete **Worksheet 2** in the instructions for this form.

8 Mark an X in this box only if you elect to claim the college tuition itemized deduction..... 

8	
---	--

- If you marked an X in the box at line 8, enter the amount from Worksheet 1, line 5 (in the instructions for this form), on Form IT-196, New York Resident, Nonresident, and Part-Year Resident Itemized Deductions. Do not enter the college tuition credit from line 5 or 7 above on Form IT-201. You are entitled to claim either the deduction or the credit, but not both.
- If you did not mark an X in the box at line 8 and you elect to claim the college tuition credit instead of the college tuition itemized deduction, enter the line 5 or line 7 amount on Form IT-201, line 68.

**Important:** If you are claiming the college tuition credit or the college tuition itemized deduction, you must submit Form IT-272 with your return.

NO HANDWRITTEN ENTRIES ON THIS FORM



2022 D-40 SUB Individual Income Tax Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID #

STATE OF MARYLAND DEPARTMENT OF REVENUE TAX FORM D-40 SUB

Personal information

Mark if: Filing an Amended return. See instructions.

Your telephone number

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

Mark if Deceased

Spouse's/registered domestic partner's TIN 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 E GILLIBRAND

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

City State Zip Code + 4

Email Address

Filing Status

- 1 Mark only one: Single, Married filing jointly, X Married filing separately, Dependent claimed by someone else
Married filing separately on same return Enter combined amounts for Lines 5 - 43. See instructions.
Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.
Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.
2 Mark if you are Part-year resident in DC from to See instructions.
3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes X No

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

Income Information

Round cents to nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, salaries, unemployment compensation and/or tips, Business income or loss, Capital gain or loss, Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

Table with 4 columns: Description, Mark if loss, Code, Amount. Row 4: Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.

Enter your last name **GILLIBRAND**

Enter your TIN XXXXXXXXXX



**Additions to DC Income**

5	Franchise tax deducted on federal forms, <i>see instructions.</i>	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	101386.00

**Subtractions from DC Income**

8	Part year residents, enter income received during period of nonresidence, <i>see instructions.</i>	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions.</i>	12	.00
13	Unemployment Insurance Benefits, <i>see instructions.</i>	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	101386.00

17	Deduction type. <i>Take the same type as you look on your federal return. Fill in which type</i>	Standard <input checked="" type="checkbox"/> or Itemized	<i>See instructions for amount to enter on Line 17.</i>
18	DC deduction amount.	18	12950.00

19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss 19	88436.00
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20	Tax. <i>If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.</i>	20	5916.00
----	--	----	---------

Fill in  if filing separately on same return. Complete Calculation J on Schedule S.

21	Credit for child and dependent care expenses .00 X .32	21	.00
----	--	----	-----

*From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441*

22	Non-refundable credits from DC Schedule U, Part 1a, Line 7. <i>Attach Schedule U.</i>	22	.00
----	---	----	-----

23	Total non-refundable credits. <i>Add Line 21 and Line 22.</i>	23	.00
----	---	----	-----

24	Subtract Line 23 from Line 20. <i>If less than zero, enter zero</i>	24	5916.00
----	---	----	---------

25	DC Health Care Shared Responsibility. <i>See instructions. If fully covered or fully exempt, enter zero.</i>	25	0.00
----	--	----	------

26	Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i>	26	5916.00
----	---	----	---------

**27 DC Earned Income Tax Credit**

27a	Enter the number of qualified EITC children.	27b	Enter earned income amount	27b	.00
-----	--	-----	----------------------------	-----	-----

27c	For filers with qualifying children. Enter federal EIC .00 X .70	Enter result >	27d	.00
-----	--	----------------	-----	-----

27e	For filers without qualifying children. <i>See instructions for special calculations.</i>	Enter result >	27e	.00
-----	---	----------------	-----	-----

28	Property Tax Credit. <i>From your DC Schedule H; attach a copy.</i>	28	.00
----	---	----	-----

Enter your last name

GILLIBRAND

Enter your TIN



29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	6858.00
32	2022 estimated income tax payments and amount applied from 2021 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2022 return, enter payments made with original 2022 D-40 return.	34	.00
35	If this is an amended 2022 return, enter refunds requested with original 2022 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	6858.00
37	Tax Due. <i>Subtract Line 36 from Line 26</i>	37	.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	942.00
39	Amount to be applied to your 2023 estimated tax.	39	.00
40	Underpayment Interest. <b>Fill in the oval and attach form D-2210.</b>	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. <i>(Cannot exceed amount on Line 38)</i>	41	.00
42	Total Amount Due. <i>Add Lines 37, 40 and 41.</i>	42	.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	942.00

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

44 Fill in if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.

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

Mark one refund choice: Direct deposit or Reliacard (See instructions) or X Paper check
Direct deposit. To have your refund deposited to your Checking or Savings account, fill in and enter bank routing and account numbers. See instructions.

Routing Number Account Number

Fill in if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee To authorize another person to discuss this return with OTR, mark here 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

Preparer's signature

Date

Spouse's/registered domestic partner's signature if filing jointly or separately on same return

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

\* Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.



# 2022 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#



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

## Head of household filers or qualifying widow(er)

Do not enter your information

First name of qualifying non-dependent person	M.I.	Last name	TIN of qualifying non-dependent person	Date of Birth of qualifying non-dependent person (MMDDYYYY)
---	------	-----------	--	---



**2022 SCHEDULE S PAGE 2**

Last name and TIN GILLIBRAND

**Calculation G-1 Computation of Standard Deduction** Calculation G-1 must be completed and submitted with the return except for dependent filers  
 \*If you were born before January 2, 1958, you are considered to be age 65 at the end of 2022

a	Basic standard deduction amount. See instructions.	a	12950.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
d	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*	d	
e	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.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,400 (1,750 if single or head of household) by number on Line f. See instructions.	g	.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	12950.00
i	Total number of dependents.	i	

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

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

You

Your spouse/registered domestic partner

			You	Your spouse/registered domestic partner
a	<b>Federal adjusted gross income</b>	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	<b>Total additions to federal adjusted gross income</b>		b .00	.00
	<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>			
c	<b>Add Lines a and b.</b>	Mark if minus	c .00	.00
d	<b>Total subtractions from federal adjusted gross income</b>		d .00	.00
	<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>			
e	<b>DC adjusted gross income</b> Subtract Line d from Line c.	Mark if minus	e .00	.00
f	<b>Deduction amount.</b> Enter each person's portion of the amount entered on D-40, Line 18 (You may allocate this amount as you wish.)		f .00	.00
g	<b>Taxable income.</b> Subtract Line f from Line e.	Mark if minus	g .00	.00
h	<b>Tax.</b> If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.		h .00	.00
i	<b>Add the amounts on Line h, enter here and on D-40, Line 20.</b>		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 T1.


a	b	c
d	e	f
g	h	i

22222		a Employee's social security number [REDACTED]		OMB No. 1545-0008				
b Employer identification number (EIN) [REDACTED]			1 Wages, tips, other compensation \$99,333.67		2 Federal income tax withheld \$22,138.77			
c Employer's name, address, and ZIP code U. S. DEPARTMENT OF STATE CHARLESTON FINANCIAL SERVICE CENTER 2010 BAINBRIDGE AVE CHARLESTON, SC 29405			3 Social security wages \$104,561.76		4 Social security tax withheld \$6,482.83			
			5 Medicare wages and tips \$104,561.76		6 Medicare tax withheld \$1,516.15			
			7 Social security tips		8 Allocated tips			
d Control number [REDACTED]			9		10 Dependent care benefits			
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a
JONATHAN MARK GILLIBRAND		GILLIBRAND						D 05228.09
333 8TH ST SE #416		WASHINGTON, DC 20003						12b
f Employee's address and ZIP code								12c
								12d
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name		
DC	[REDACTED]	\$99,333.67	\$6,858.31					

Form **W-2** Wage and Tax Statement  
Copy 1—For State, City, or Local Tax Department

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Department of the Treasury—Internal Revenue Service

a Employee's social security number [REDACTED]		OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) [REDACTED]			1 Wages, tips, other compensation \$99,333.67		2 Federal income tax withheld \$22,138.77				
c Employer's name, address, and ZIP code U. S. DEPARTMENT OF STATE CHARLESTON FINANCIAL SERVICE CENTER 2010 BAINBRIDGE AVE CHARLESTON, SC 29405			3 Social security wages \$104,561.76		4 Social security tax withheld \$6,482.83				
			5 Medicare wages and tips \$104,561.76		6 Medicare tax withheld \$1,516.15				
			7 Social security tips		8 Allocated tips				
d Control number [REDACTED]			9		10 Dependent care benefits				
e Employee's first name and initial		Last name		Suff.		11 Nonqualified plans		12a See instructions for box 12	
JONATHAN MARK GILLIBRAND		GILLIBRAND						D 05228.09	
333 8TH ST SE #416		WASHINGTON, DC 20003						12b	
f Employee's address and ZIP code								12c	
								12d	
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name			
DC	[REDACTED]	\$99,333.67	\$6,858.31						

Form **W-2** Wage and Tax Statement  
Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
This information is being furnished to the Internal Revenue Service.

2022

Department of the Treasury—Internal Revenue Service