

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering Adjusted Gross Income, Deductions, Exemptions, Tax, and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering Self-employment tax, Unreported social security and Medicare tax, and Household employment taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering Federal income tax withheld, Earned income credit, and Total payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering Overpaid amount, Refund routing, and Applied to 2017 tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 covering Amount you owe and Estimated tax penalty.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No

Sign Here

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

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.

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

ELISE M STEFANIK

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	
	2	Enter amount from Form 1040, line 38.	2	
	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
Taxes You Paid	5 State and local (check only one box):		5	
	a	<input checked="" type="checkbox"/> Income taxes, or		10,671.
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	2,405.
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8	9	13,076.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098.	10	
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11	
	Note: Your mortgage interest deduction may be limited (see instructions).			
	12	Points not reported to you on Form 1098. See instructions for special rules.	12	
	13	Mortgage insurance premiums (see instructions)	13	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15	Add lines 10 through 14	15	0.
Gifts to Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year.	18	
	19	Add lines 16 through 18	19	0.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	0.
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21	
	22	Tax preparation fees	22	
	23	Other expenses—investment, safe deposit box, etc. List type and amount ►	23	409.
		SEE STATEMENT 2		
	24	Add lines 21 through 23	24	409.
	25	Enter amount from Form 1040, line 38.	25	164,650.
	26	Multiply line 25 by 2% (0.02).	26	3,293.
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	0.
Other Miscellaneous Deductions	28	Other—from list in instructions. List type and amount ►	28	0.
Total Itemized Deductions	29	Is Form 1040, line 38, over \$155,650? <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	13,076.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here.		

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

Your social security number

ELISE M STEFANIK

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

Table with 5 columns: (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. Row A: EMS DC PROPERTIES, P, [redacted].

Table with 5 columns: (f) Passive loss allowed, (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. Includes totals and summary lines 29a, 29b, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Includes totals and summary lines 34a, 34b, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Includes summary line 39.

Part V Summary

Summary table with 2 columns: Description, Amount. Lines 40-43. Line 43 includes sub-table with 2 columns: Description, Amount.

Investment Interest Expense Deduction

Department of the Treasury
Internal Revenue Service (99)

► Information about Form 4952 and its instructions is at www.irs.gov/form4952.
► Attach to your tax return.

2016

Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

ELISE M STEFANIK



Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2016 (see instructions).....	1	9,365.
2	Disallowed investment interest expense from 2015 Form 4952, line 7.....	2	20,654.
3	Total investment interest expense. Add lines 1 and 2.....	3	30,019.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment).....	4a		4c
	4b	Qualified dividends included on line 4a.....		
c Subtract line 4b from line 4a.....		4c		
4d	Net gain from the disposition of property held for investment.....	4d		4f
	4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions).....		
f Subtract line 4e from line 4d.....		4f		
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions).....		4g		
h Investment income. Add lines 4c, 4f, and 4g.....		4h	0.	
5	Investment expenses (see instructions).....	5	2,405.	
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-.....	6	0.	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-.....	7	30,019.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions.....	8	0.

BAA For Paperwork Reduction Act Notice, see separate instructions.



Resident Income Tax Return

IT-201

New York State • New York City • Yonkers • MCTMT

For the full year January 1, 2016, through December 31, 2016, or fiscal year beginning ..

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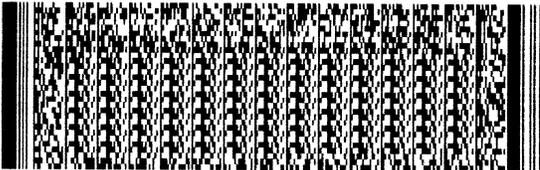
and ending ..

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

Your first name ELISE	MI M	Your last name (for a joint return, enter spouse's name on line below) STEFANIK	Your date of birth (mmddyyyy) 07021984	Your social security number [REDACTED]
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's social security number
Mailing address (see instructions, page 13) (number and street or PO box) PO BOX 17		Apartment number	New York State county of residence ESSEX	
City, village, or post office WILLSBORO	State NY	ZIP code 12996	Country (if not United States)	School district name WILLSBORO
Taxpayer's permanent home address (see instructions, page 13) (number and street or rural route)		Apartment number	School district code number	707
City, village, or post office	State NY	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
		Decedent information		

- 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 2016 federal income tax return? Yes No
- C Can you be claimed** as a dependent on another taxpayer's federal return? Yes No

- D1** Did you have a financial account located in a foreign country? (see page 14) ... Yes No
- D2 Yonkers residents and Yonkers part-year residents only:**
- (1) Did you receive a property tax freeze or property tax relief credit? (see page 14): ... Yes No
 - (2) If Yes, enter the total amount
- E** (1) Did you or your spouse maintain living quarters in NYC during 2016? (see page 14). Yes No
- (2) Enter the number of days spent in NYC in 2016 (any part of a day spent in NYC is considered a day).
- F NYC residents and NYC part-year residents only** (see page 14):
- (1) Number of months you lived in NYC in 2016
 - (2) Number of months your spouse lived in NYC in 2016
- G** Enter your 2-character special condition code(s) if applicable (see page 14)



H Dependent exemption information (see page 15)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

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



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For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
[REDACTED]

ELISE M STEFANIK

Federal income and adjustments (see page 15)

Whole dollars only

1	Wages, salaries, tips, etc.	1	164292.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	358.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, 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	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 15) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	164650.00
18	Total federal adjustments to income (see page 15) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	164650.00

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)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 16)	21	.00
22	New York's 529 college savings program distributions (see page 16)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	164650.00

New York subtractions (see page 17)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	358.00
26	Pensions of NYS and local governments and the federal government (see page 17)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 18)	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	358.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	164292.00

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**

34		34	7950.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	156342.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 20)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	156342.00

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NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1
ELISE M STEFANIK

Your social security number
XXXXXXXXXX

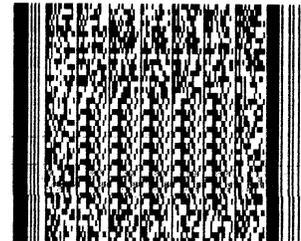
Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	156342.00
39	NYS tax on line 38 amount (see page 21)	39	10397.00
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	10397.00
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	10397.00

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

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



59	Sales or use tax (see page 26; do not leave line 59 blank)	59	0.00
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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
60	Total voluntary contributions (add lines 60a through 60n)	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	10397.00
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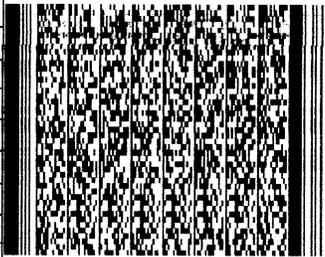
Your social security number
[REDACTED]

62 Enter amount from line 61 62 10397.00

Payments and refundable credits (see page 28)

ELISE M STEFANIK

63	Empire State child credit	63	.00
63a	Family tax relief credit	63a	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (also complete F on page 1; see page 29)	69	.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	10671.00
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	10671.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return (see page 12).
Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information (see pages 31 through 33)

77 Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76) 77 274.00

78 Amount of line 77 to be refunded
Mark one refund choice: direct deposit (fill in line 83) - or - paper check 78 274.00

79 Amount of line 77 that you want applied to your 2017 estimated tax (see instructions) 79 .00

80 Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return 80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 31) 81 .00
82 Other penalties and interest (see page 32) 82 .00

83 Account information for direct deposit or electronic funds withdrawal (see page 32).
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. 32)

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 (see page 33) Date [REDACTED] Amount [REDACTED] .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: [REDACTED]			

Prepared by Preparer's signature [REDACTED]	Prepared by Preparer's printed name [REDACTED]	Preparer's NYTPRIN NYTPRIN excl. code 0 3
Firm's name (or yours, if self-employed) [REDACTED]		Preparer's PTIN or SSN [REDACTED]
Address [REDACTED]		Employer identification number [REDACTED]
E-mail: [REDACTED]		Date [REDACTED]

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

See instructions for where to mail your return.

201004161032



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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 c Employer's information

Employer's name			
HOUSE OF REP-MEMBERS SERVICES			
Employer's address (number and street)			
139A CANNON HOUSE OFFICE BLD			
City	State	ZIP code	Country (if not United States)
WASHINGTON	DC	20515	

Box 1 Wages, tips, other compensation

164292.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

8700.00

D |

Box 12b Amount

4032.00

D | D

Box 12c Amount

.00

| |

Box 12d Amount

.00

| |

Box 14a Amount

1008.00

Description

HLM

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

NY

Box 16a NYS wages, tips, etc.

164292.00

Box 17a NYS income tax withheld

10671.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.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

Locality a

Locality b

Do not detach.

W-2 Record 2

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

[Redacted]

Box b Employer identification number (EIN)

[Redacted]

Box c Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

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

NY

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

| |

Box 16b Other state wages, tips, etc.

.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

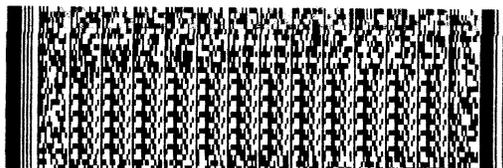
Locality b .00

Box 20 Locality name

Locality a

Locality b

102001161032



NO HANDWRITTEN ENTRIES ON THIS FORM