

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

Your first name and initial **MARCO A.** Last name **RUBIO** See separate instructions.
Your social security number _____

If a joint return, spouse's first name and initial **JEANETTE C.** Last name **DOUSDEBES** Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **MIAMI, FL 33144**

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

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here. ▶
4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 Qualifying widow(er) with dependent child

Check only one box.
Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a
b Spouse
c **Dependents:**
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit
No. of children on 6c who:
● lived with you **4**
● did not live with you due to divorce or separation (see instructions) _____
Dependents on 6c not entered above _____
Add numbers on lines above ▶ **6**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit
DANIELLA	RUBIO		DAUGHTER	<input checked="" type="checkbox"/>
AMANDA	RUBIO		DAUGHTER	<input checked="" type="checkbox"/>
ANTHONY	RUBIO		SON	<input checked="" type="checkbox"/>
DOMINICK M	RUBIO		SON	<input checked="" type="checkbox"/>

d Total number of exemptions claimed **6**

Income	Amount
7 Wages, salaries, tips, etc. Attach Form(s) W-2	7 197,370.
8a Taxable interest. Attach Schedule B if required	8a 17.
b Tax-exempt interest. Do not include on line 8a	8b _____
9a Ordinary dividends. Attach Schedule B if required	9a _____
b Qualified dividends	9b 34.
10 Taxable refunds, credits, or offsets of state and local income taxes	10 _____
11 Alimony received	11 _____
12 Business income or (loss). Attach Schedule C or C-EZ	12 _____
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13 30,000.
14 Other gains or (losses). Attach Form 4797	14 _____
15a IRA distributions	15a _____
b Taxable amount	15b _____
16a Pensions and annuities	16a _____
b Taxable amount	16b 68,241.
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17 40,301.
18 Farm income or (loss). Attach Schedule F	18 _____
19 Unemployment compensation	19 _____
20a Social security benefits	20a _____
b Taxable amount	20b _____
21 Other income. List type and amount	21 _____
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22 335,963.

Adjusted Gross Income	Amount
23 Educator expenses	23 _____
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24 _____
25 Health savings account deduction. Attach Form 8889	25 _____
26 Moving expenses. Attach Form 3903	26 _____
27 Deductible part of self-employment tax. Attach Schedule SE	27 402.
28 Self-employed SEP, SIMPLE, and qualified plans	28 _____
29 Self-employed health insurance deduction	29 _____
30 Penalty on early withdrawal of savings	30 _____
31a Alimony paid b Recipient's SSN ▶ _____	31a _____
32 IRA deduction	32 _____
33 Student loan interest deduction	33 _____
34 Tuition and fees. Attach Form 8917	34 _____
35 Domestic production activities deduction. Attach Form 8903	35 _____
36 Add lines 23 through 35	36 402.
37 Subtract line 36 from line 22. This is your adjusted gross income	37 335,561.

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100

38 Amount from line 37 (adjusted gross income) 335,561. 39a Check if: You were born before January 2, 1950, Blind. Spouse was born before January 2, 1950, Blind. Total boxes checked 39a. 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 41 Subtract line 40 from line 38 53,329. 42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst. 282,232. 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 17,538. 44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 264,694. 45 Alternative minimum tax. Attach Form 6251 63,247. 46 Excess advance premium tax credit repayment. Attach Form 8962 1,619. 47 Add lines 44, 45, and 46 64,866. 48 Foreign tax credit. Attach Form 1116 if required 49 Credit for child and dependent care expenses. Attach Form 2441 200. 50 Education credits from Form 8863, line 19 51 Retirement savings contributions credit. Attach Form 8880 52 Child tax credit. Attach Schedule 8812, if required 53 Residential energy credits. Attach Form 5695 54 Other credits from Form: a 3800 b 8801 c 55 Add lines 48 through 54. These are your total credits 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 200.

Other Taxes

57 Self-employment tax. Attach Schedule SE 58 Unreported social security and Medicare tax from Form: a 4137 b 8919 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO 60a Household employment taxes from Schedule H 6,824. b First-time homebuyer credit repayment. Attach Form 5405 if required 6,604. 61 Health care: Individual responsibility (see instructions) Full-year coverage X 62 Taxes from: a Form 8959 b X Form 8960 c Inst.; enter code(s) 63 Add lines 56 through 62. This is your total tax 20. 64 Federal income tax withheld from Forms W-2 and 1099 44,876. 65 2014 estimated tax payments and amount applied from 2013 return STATEMENT 5 66a Earned income credit (EIC) 66b Nontaxable combat pay election 67 Additional child tax credit. Attach Schedule 8812 68 American opportunity credit from Form 8863, line 8 69 Net premium tax credit. Attach Form 8962 70 Amount paid with request for extension to file 71 Excess social security and tier 1 RRTA tax withheld 72 Credit for federal tax on fuels. Attach Form 4136 73 Credits from Form: a 2439 b Reserved c Reserved d 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 44,876.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 44,876. 65 2014 estimated tax payments and amount applied from 2013 return STATEMENT 5 66a Earned income credit (EIC) 66b Nontaxable combat pay election 67 Additional child tax credit. Attach Schedule 8812 68 American opportunity credit from Form 8863, line 8 69 Net premium tax credit. Attach Form 8962 70 Amount paid with request for extension to file 71 Excess social security and tier 1 RRTA tax withheld 72 Credit for federal tax on fuels. Attach Form 4136 73 Credits from Form: a 2439 b Reserved c Reserved d 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 44,876.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 44,876. 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76b Amount of line 75 you want applied to your 2015 estimated tax

Amount You Owe

77 Amount of line 75 you want applied to your 2015 estimated tax 78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 34,563. 79 Estimated tax penalty (see instructions) 522.

Third Party Designee

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

Designee's name VINCENT CARRODEGUAS Phone no. 305-442-2200 Personal identification number (PIN) Your signature Date Your occupation US SENATOR Daytime phone number Spouse's signature. If a joint return, both must sign. Date Spouse's occupation ENTREPRENEUR If the IRS sent you an Identity Protection PIN, enter it here

Paid Preparer Use Only Print/Type preparer's name VINCENT CARRODEGUAS Preparer's signature Date Check self-employed if PTIN P00739985 Firm's name GOLDSTEIN SCHECHTER KOCH Firm's EIN 65 0209137 Firm's address CORAL GABLES, FL 33134 Phone no. (305) 442-2200

SEE STATEMENT FOR INTEREST AND PENALTIES NOT INCLUDED