Form **1040** **U.S. Individual Income Tax Return** **2010** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending ,20 OMB No. 1545-0074

Name, Address, and SSN — PRINT CLEARLY

Your first name and initial: MARCO A.	Last name: RUBIO
If a joint return, spouse's first name and initial: JEANETTE C.	Last name: DOUSDEBES
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. MIAMI, FL 33144	

Your social security number

Spouse's social security number

See separate instructions.

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

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund ▶ ☐ You ☐ Spouse

Checking a box below will not change your tax or refund.

Filing Status

Check only one box.

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

Exemptions

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

Boxes checked on 6a and 6b: 2

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
DANIELLA RUBIO		DAUGHTER	X
AMANDA RUBIO		DAUGHTER	X
ANTHONY RUBIO		SON	X
DOMINICK M RUBIO		SON	X

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:

If more than four dependents, see instructions and check here ▶ ☐

d Total number of exemptions claimed ▶ Add numbers on lines above: 6

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 20.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	13,522.
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	25.
b	Qualified dividends	9b 25.		
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 ▶ ☐		13	
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
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	170,279.
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	183,826.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction STMT 1	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	183,826.

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

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	183,826.
	39a	Check if: [ ] You were born before January 2, 1946, [ ] Blind. [ ] Spouse was born before January 2, 1946, [ ] Blind. Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]		
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see instructions)	40	61,375.
	41	Subtract line 40 from line 38	41	122,451.
	42	**Exemptions.** Multiply $3,650 by the number on line 6d	42	21,900.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	100,551.
	44	**Tax.** Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972	44	17,498.
	45	**Alternative minimum tax.** Attach Form 6251	45	
	46	Add lines 44 and 45 ▶	46	17,498.
	47	Foreign tax credit. Attach Form 1116 if required — 47		
	48	Credit for child and dependent care expenses. Attach Form 2441 — 48		
	49	Education credits from Form 8863, line 23 — 49		
	50	Retirement savings contributions credit. Attach Form 8880 — 50		
	51	Child tax credit (see instructions) — 51 300.		
	52	Residential energy credits. Attach Form 5695 — 52		
	53	Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] — 53		
	54	Add lines 47 through 53. These are your **total credits**	54	300.
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶	55	17,198.
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a [ ] Form(s) W-2, box 9 b [X] Schedule H c [ ] Form 5405, line 16	59	5,874.
	60	Add lines 55 through 59. This is your **total tax** ▶	60	23,072.
Payments	61	Federal income tax withheld from Forms W-2 and 1099 — 61 996.		
	62	2010 estimated tax payments and amount applied from 2009 return — 62		
	63	Making work pay credit. Attach Schedule M — 63 123.		
If you have a qualifying child, attach Schedule EIC.	64a	**Earned income credit (EIC)** — 64a		
	b	Nontaxable combat pay election — 64b		
	65	Additional child tax credit. Attach Form 8812 — 65		
	66	American opportunity credit from Form 8863, line 14 — 66		
	67	First-time homebuyer credit from Form 5405, line 10 — 67		
	68	Amount paid with request for extension to file — 68		
	69	Excess social security and tier 1 RRTA tax withheld — 69		
	70	Credit for federal tax on fuels. Attach Form 4136 — 70		
	71	Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885 — 71		
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** ▶	72	1,119.
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid**	73	
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]	74a	
Direct deposit? See instructions. ▶	b	Routing number [ ] ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number [ ]		
	75	Amount of line 73 you want **applied to your 2011 estimated tax** ▶ — 75		
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions ▶	76	22,421.
	77	Estimated tax penalty (see instructions) — 77 468.		

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 ▶ JOAQUIN URQUIOLA Phone no. ▶ (305) 442-2200 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.

Joint return? See page 12. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
		ATTORNEY	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		HOMEMAKER	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
JOAQUIN URQUIOLA				P00845218

Firm's name ▶ GOLDSTEIN SCHECHTER KOCH Firm's EIN ▶ 65 0209137
Firm's address ▶ 2121 PONCE DE LEON BLVD., SUITE #1100, CORAL GABLES, FL 33134 Phone no. (305) 442-2200

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** INTEREST NOT INCLUDED 450.
** PENALTY NOT INCLUDED 768.

**** TOTAL DUE 23,639.