

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

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MIAMI-DADE
ELECTIONS

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Jeffrey Lampert

3. Address (include post office box or street, city, state, zip code)

[REDACTED]

4. Telephone

[REDACTED]

5. E-mail address

jeffreylampert@aol.com

6. Office sought (include district, circuit, group number)

Mayor

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jeffrey Lampert

11. Mailing Address

[REDACTED]

12. Telephone

[REDACTED]

13. City

[REDACTED]

14. County

[REDACTED]

15. State

[REDACTED]

16. Zip Code

[REDACTED]

17. E-mail address

jeffreylampert@aol.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Bank of America

20. Address

3025 NW 87th Ave

21. City

Doral

22. County

Miami-Dade

23. State

FL

24. Zip Code

33172

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

04/04/11

26. Signature of Candidate

[Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, Jeffrey Lampert, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer

04/04/11

Date

[Signature]

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

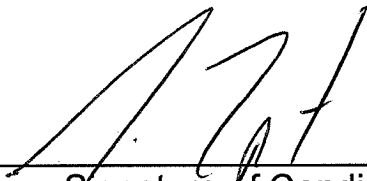
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I, Jeffrey Lampert ,
candidate for the office of Mayor ;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

04/04/11

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

Jeffrey Michael Lampert

First Name

Middle Name

Last Name

Mayor

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida	Oct. 2010	<input type="checkbox"/>	<input type="checkbox"/>	Hard Copy
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: _____

Candidate/Chairperson Signature

Date: 04/04/11

Phone No.: _____



Fax No.: _____

E-mail address: _____

JeffreyLampert@aol.com

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**Campaign Treasurer's Report
Electronic Filing Requirements
for Miami-Dade County**



- Candidate (office sought): _____ Mayor
- Political Committee: _____
- Party Executive Committee: _____
- Other: _____

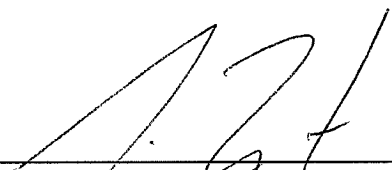
I, Jeffrey Lampert
(Please print name of Candidate or Chairperson)

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ELECTIONS

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understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

 _____ 04/04/11
Signature of Candidate or Chairperson Date

Day Time Telephone No: _____

Email Address: _____ jeffreylampert@aol.com

This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

**LOYALTY OATH FOR MIAMI-DADE COUNTY
MAYOR**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I, <u>JEFFREY</u>	<u>MICHAEL</u>	<u>LAMPERT</u>
First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, and being [a candidate for public office] do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, JEFFREY LAMPERT
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT -- NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Miami-Dade County Mayor. I am a qualified elector of Miami-Dade County, Florida. I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

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CANDIDATE CERTIFICATION

I, hereby, certify that I am a qualified elector of Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Driver's License | <input type="checkbox"/> Property Tax Receipt | <input type="checkbox"/> Homestead Exemption Receipt |
| <input type="checkbox"/> Voter Information Card | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Lease Agreement |

I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true. Under penalties of perjury, I declare that I have read the foregoing Loyalty Oath and Oath of Candidate and that the facts stated in each are true.

X [Signature]
Signature of Candidate

Address City State Zip Code

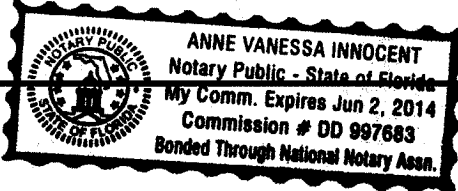
State of Florida,
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 12 day of April, 2011 by Jeffrey Michael Lampert

Personally Known: _____ or
Produced Identification:

Type of Identification Produced:
FL. Driver's license

Anne Vanessa Innocent
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



Please print or type your name, mailing address, agency name, and position below.

FINANCIAL INTERESTS RECEIVED

LAST NAME — FIRST NAME — MIDDLE NAME:

Lampert, Jeffrey

FOR OFFICE

USE 2011 APR 12 AM 10:07

MAILING ADDRESS:

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Mayor

MIAMI-DADE ELECTIONS

ID No.

Conf. Code

P. Req. Code

CHECK IF THIS IS A FILING BY A CANDIDATE

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of April 11th, 20 11 was \$ 13,541.89

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 30,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America, 20501 Old Cutler Road, Cutler Bay, FL 33189	\$5,958.11
Dade County Federal Credit Union, 11245 SW 211 Street, Miami, FL 33189	\$19,500.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY SOURCE
N/A			

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PART E -- INTERESTS IN SPECIFIED BUSINESSES

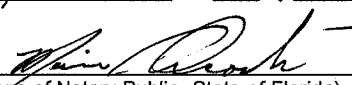
	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY	N/A		
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

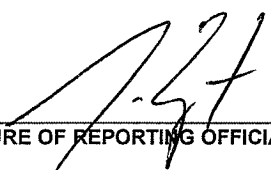
OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade
 Sworn to (or affirmed) and subscribed before me this 12th day of

April, 2011 by Jeffrey Lampert

 (Signature of Notary Public--State of Florida)

NOTARY PUBLIC-STATE OF FLORIDA
 Maria Cristina Acosta
 Commission # D11730644
 (Print, Type, or Stamp Commissioned Name of Notary Public) APR 27, 2012
 BONDED THRU ATLANTIC BONDING CO., INC.


 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known _____ OR Produced Identification
 Type of Identification Produced FL Driver's Lic.

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	176,232
	39a	Check <input type="checkbox"/> You were born before January 2, 1946, <input type="checkbox"/> Blind. Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1946, <input type="checkbox"/> Blind. checked <input checked="" type="checkbox"/> 39a <input type="checkbox"/>		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	19,293
	41	Subtract line 40 from line 38	41	156,939
	42	Exemptions. Multiply \$3,650 by the number on line 6d	42	10,950
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	145,989
	44	Tax (see inst.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	29,120
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Add lines 44 and 45	46	29,120
	47	Foreign tax credit. Attach Form 1116 if required	47	
	48	Credit for child & 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	
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
	54	Add lines 47 through 53. These are your total credits	54	
	55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	29,120
Other Taxes	56	Self-employment tax. Attach Schedule SE	56	
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
	58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	59	a <input type="checkbox"/> Form(s) W-2, box 9 b <input type="checkbox"/> Schedule H c <input type="checkbox"/> Form 5405, line 16	59	
	60	Add lines 55 through 59. This is your total tax	60	29,120
Payments	61	Federal income tax withheld from Forms W-2 and 1099	61	29,423
	62	2010 estimated tax payments & amt. applied from 2009 return	62	
	63	Making work pay credit. Attach Schedule M	63	275
	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 <input type="checkbox"/> 2439 b <input type="checkbox"/> 8839 c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71	
	72	Add lines 61, 62, 63, 64a, and 65 through 71. These are your total payments	72	29,698
Refund	73	If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you overpaid	73	578
	74a	Amount of line 73 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	74a	578
Direct deposit? See instructions.	b	Routing no. XXXXXXXXXXXXXXXXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account no. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	75	Amt. 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	
	77	Estimated tax penalty (see instructions)	77	

If you have a qualifying child, attach Schedule EIC.

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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 **KEITH MCMONIGLE CP** Phone no. **786-897-5384** Personal identification number (PIN) **33189**

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 FIREFIGHTER	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation THERAPIST	

Preparer Use Only

Print/Type preparer's name KEITH MCMONIGLE CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name Keith McMonigle CPA PA	Firm's EIN	Phone no. (786) 897-5384		
Firm's address 20330 SW 83 Ave				
Miami FL 33189				

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 2010
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040.**

▶ **See Instructions for Schedule A (Form 1040).**

Name(s) shown on Form 1040

Your social security no.

JEFFREY LAMPERT and REBECA GONZALEZ-LAMPERT

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) _____
- 2 Enter amount from Form 1040, line 38 ... **2** | 176,232
- 3 Multiply line 2 by 7.5% (.075) ... **3** | 13,217
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- ... **4** | 0

Taxes You Paid

(See instructions.)

- 5 State and local (check only one box):
 - a Income taxes, or
 - b General sales taxes
- 6 Real estate taxes (see instructions) ... **6** | 1,781
- 7 New motor vehicle taxes from line 11 of the worksheet on page 2. Skip this line if you checked box 5b ... **7** | 0
- 8 Other taxes. List type and amount ▶ _____
- 9 Add lines 5 through 8 ... **9** | 3,435

Interest You Paid

Note.
Your mortgage interest deductions may be limited (see instructions).

- 10 Home mortgage interest and points reported to you on Form 1098 ... **10** | 15,499
- 11 Home mortg. int. not reported to you on Form 1098. If paid to person from whom you bought the home, show that person's name, Id no., & address ▶ _____ **11** | 0
- 12 Points not reported to you on Form 1098. See inst. 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** | 15,499

Gifts to Charity

If you made a gift and got a benefit for it, see instructions.

- 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions
SEE DEDUCTION ATTACHMENT ... **16** | 48
- 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** | 311
- 18 Carryover from prior year ... **18** |
- 19 Add lines 16 through 18 ... **19** | 359

Casualty and Theft Losses

- 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) ... **20** | 0

Job Expenses and Certain Miscellaneous Deductions

(See instructions.)

- 21 Unreimbursed empl. exp. Attach Form 2106 or 2106-EZ if required.
▶ Form 2106 | 3,090
- 22 Tax preparation fees ... **22** |
- 23 Other expenses. List type and amount ▶ _____ **23** |
- 24 Add lines 21 through 23 ... **24** | 3,090
- 25 Enter amount from Form 1040, line 38 ... **25** | 176,232
- 26 Multiply line 25 by 2% (.02) ... **26** | 3,525
- 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** |

Total Itemized Deductions

- 29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40 ... **29** | 19,293

- 30 If you elect to itemize deductions even though they are less than your standard deduction, check here

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2010

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

Your social security no.

JEFFREY LAMPERT and REBECA GONZALEZ-LAMPERT

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 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? Yes No
If you answered "Yes," see the instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corp.	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	J MORLAB SAMPLING LLC	S			
B	J MORLAB SAMPLING LLC	S			
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				1,026
B				1,025
C				
D				
29a Totals				2,051
b Totals				
30	Add columns (g) and (j) of line 29a			30 2,051
31	Add columns (f), (h), and (i) of line 29b			31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32 2,051

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income Schedule K-
A			
B			
34a Totals			
b Totals			
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	2,051
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions).	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

#1

Form **2106-EZ**

Unreimbursed Employee Business Expenses

OMB No. [redacted]

2010

Attachment
Sequence No. **129A**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**

Your name
JEFFREY LAMPERT

Occupation in which you incurred expenses

Social security number

You Can Use This Form Only if All of the Following Apply.

● You are an employee deducting ordinary and necessary expenses attributable to your job. An ordinary expense is one that is common and accepted in your field of trade, business, or profession. A necessary expense is one that is helpful and appropriate for your business. An expense does not have to be required to be considered necessary.

● You **do not** get reimbursed by your employer for any expenses (amounts your employer included in box 1 of your Form W-2 are not considered reimbursements for this purpose).

● If you are claiming vehicle expense, you are using the standard mileage rate for 2010.

Caution: You can use the standard mileage rate for 2010 **only if:** (a) you owned the vehicle and used the standard mileage rate for the first year you placed the vehicle in service, or (b) you leased the vehicle and used the standard mileage rate for the portion of the lease period after 1 year.

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Part I Figure Your Expenses

1	Vehicle expense using the standard mileage rate. Complete Part II and multiply line 8a by 50¢ (.50)	1	
2	Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel or commuting to and from work	2	
3	Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4	Business expenses not included on lines 1 through 3. Do not include meals and entertainment	4	2,104
5	Meals and entertainment expenses: \$ <u>1,972</u> x 50% (.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (.80) instead of 50%. For details, see instructions.)	5	986
6	Total expenses. Add lines 1 through 5. Enter here and on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 9). (Armed Forces reservists, fee-basis state or local government officials, qualified performing artists, and individuals with disabilities: See the instructions for special rules on where to enter this amount.)	6	3,090

Part II Information on Your Vehicle. Complete this part **only** if you are claiming vehicle expense on line 1.

- 7 When did you place your vehicle in service for business use? (month, day, year) ▶ _____
- 8 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:
- a Business _____ b Commuting (see instructions) _____ c Other _____
- 9 Was your vehicle available for personal use during off-duty hours? Yes No
- 10 Do you (or your spouse) have another vehicle available for personal use? Yes No
- 11a Do you have evidence to support your deduction? Yes No
- b If "Yes," is the evidence written? Yes No

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

Form **2106-EZ** (2010)

SCHEDULE M
(Form 1040A or 1040)

Making Work Pay Credit

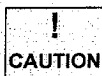
OMB No. [REDACTED]
2010
Attachment
Sequence No. **166**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040A or 1040.** ▶ **See separate instructions.**

Name(s) shown on return
JEFFREY LAMPERT and REBECA GONZALEZ-LAMPERT

Your social security number



To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.



You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

Important: Check the "No" box on line 1a and see the instructions if:

- (a) You have a net loss from a business,
- (b) You received a taxable scholarship or fellowship grant not reported on a Form W-2,
- (c) Your wages include pay for work performed while an inmate in a penal institution,
- (d) You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
- (e) You are filing Form 2555 or 2555-EZ.

1a Do you (& your spouse if filing jointly) have 2010 wages of more than \$6,451 (\$12,903 if married filing jointly)?

- Yes.** Skip lines 1a through 3. Enter \$400 (\$800 if married filing jointly) on line 4 and go to line 5.
- No.** Enter your earned income (see instructions)

	1a	
b Nontaxable combat pay included on line 1a (see instructions)	1b	
2 Multiply line 1a by 6.2% (.062)	2	
3 Enter \$400 (\$800 if married filing jointly)	3	
4 Enter the smaller of line 2 or line 3 (unless you checked "Yes" on line 1a)	4	800
5 Enter the amount from Form 1040, line 38*, or Form 1040A, line 22	5	176,232
6 Enter \$75,000 (\$150,000 if married filing jointly)	6	150,000
7 Is the amount on line 5 more than the amount on line 6? <input type="checkbox"/> No. Skip line 8. Enter the amount from line 4 on line 9 below. <input checked="" type="checkbox"/> Yes. Subtract line 6 from line 5	7	26,232
8 Multiply line 7 by 2% (.02)	8	525
9 Subtract line 8 from line 4. If zero or less, enter -0-	9	275
10 Did you (or your spouse, if filing jointly) receive an economic recovery payment in 2010 ? You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions). <input checked="" type="checkbox"/> No. Enter -0- on line 10 and go to line 11. <input type="checkbox"/> Yes. Enter the total of the payments you (and your spouse, if filing jointly) received in 2010 . Do not enter more than \$250 (\$500 if married filing jointly)	10	0
11 Making work pay credit. Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40	11	275

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

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

Schedule M (Form 1040A or 1040) 2010

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IRS e-file Signature Authorization

Department of the Treasury Internal Revenue Service

- Do not send to the IRS. This is not a tax return. Keep this form for your records. See instructions.

Declaration Control Number (DCN)

Taxpayer's name JEFFREY LAMPERT

Social security number

Spouse's name REBECA GONZALEZ-LAMPERT

Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2010 (Whole Dollars Only)

Table with 2 columns: Line number and Amount. Rows include Adjusted gross income (176,232), Total tax (29,120), Federal income tax withheld (29,423), Refund (578), and Amount you owe.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2010, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize Keith McMonigle CPA PA to enter or generate my PIN as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature Date

Spouse's PIN: check one box only

I authorize Keith McMonigle CPA PA to enter or generate my PIN as my signature on my tax year 2010 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2010 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's signature Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2010 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature Date

ERO Must Retain This Form -- See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

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2010 FEDERAL S CORPORATION SCHEDULE K-1 SUMMARY ATTACHMENT

JEFFREY LAMPERT

Entity Name: J MORLAB SAMPLING LLC

Entity EIN: [REDACTED]

Description	Schedule K-1 Line Number	Activity Code*	Schedule K-1 Received Input
OTHER			
Nondeductible expenses	16C		148
Distributions of money	16D		660
SCHEDULE E PAGE 2			
Ordinary Income/loss	1	MatP	1,026

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* Pass = Passive Activity; ARRE = Active Rental Real Estate Activity; REPro = Real Estate Professional; Mat P = Material Participation
Port = Portfolio Income; PTP = Publicly Traded Partnership

2010 FEDERAL S CORPORATION SCHEDULE K-1 SUMMARY ATTACHMENT

REBECA GONZALEZ-LAMPERT

Entity Name: J MORLAB SAMPLING LLC

Entity EIN:

Description	Schedule K-1 Line Number	Activity Code*	Schedule K-1 Received Input
OTHER			
Nondeductible expenses	16C		148
Distributions of money	16D		660
SCHEDULE E PAGE 2			
Ordinary Income/loss	1	MatP	1,025

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* Pass = Passive Activity; ARRE = Active Rental Real Estate Activity; REPro = Real Estate Professional; Mat P = Material Participation
Port = Portfolio Income; PTP = Publicly Traded Partnership

2010 WAGES AND SALARIES SUMMARY ATTACHMENT

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
MIAMI DADE COUNTY		T	111,778	21,275	6,622	FL	111,778		
THE CHYSALIS CENTER INC		S	62,403	8,148	3,869	FL	62,403		
TOTAL			174,181	29,423	10,491		174,181		

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2010 FEDERAL TAX WITHHOLDINGS ATTACHMENT

JEFFREY LAMPERT and REBECA GONZALEZ-LAMPERT

W-2	MIAMI DADE COUNTY	21,275
W-2	THE CHYSALIS CENTER INC	8,148
TOTAL TO FORM 1040 LINE 61		29,423

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2010 SCHEDULE A - ITEMIZED DEDUCTIONS ATTACHMENT

JEFFREY LAMPERT and REBECA GONZALEZ-LAMPERT

GIFTS BY CASH OR CHECK	
UNITED WAY	24
FF CHARITIES	24
TOTAL TO SCHEDULE A LINE 16	48

GIFTS OTHER THAN CASH OR CHECK	
GOODWILL	311
TOTAL TO SCHEDULE A LINE 17	311

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2010 STATE AND LOCAL GENERAL SALES TAX DEDUCTION WORKSHEET

(See Schedule A instructions for line 5b Worksheet)

JEFFREY LAMPERT and REBECA GONZALEZ-LAMPERT

Keep for Your Records

1a. Available income shown on Form 1040, line 38	1a.	176,232		
b. Tax-exempt interest income	1b.			
c. Nontaxable combat pay	1c.			
d. Nontaxable part of social security and railroad retirement benefits	1d.			
e. Nontaxable part of IRA, pension, or annuity distributions not including rollovers	1e.			
f. Nontaxable unemployment compensation	1f.			
g. Other adjustments to total available income	1g.			
h. Total available income. Add lines 1a through 1g	1h.			176,232
2. Number of exemptions claimed	2.			3
3. Enter your state general sales taxes from the applicable table in the instructions (see instructions) ... FL	3.			1,418
<p>Next. If, for all of 2010, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, Rhode Island, or West Virginia, skip lines 4 through 7, enter -0- on line 8 and go to line 9. Otherwise, go to line 4.</p>				
4. Did you live in Alaska, Arizona, Arkansas, California (Los Angeles County only), Colorado, Georgia, Illinois, Louisiana, Missouri, New York State, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2010?				
• No. Enter -0-.				
• Yes. Enter your local general sales taxes from the applicable table in the instructions.	4.		0	
5. Did your locality impose a local general sales tax in 2010? Residents of California and Nevada see instructions.				
• No. Skip lines 5 through 7, enter -0- on line 8, and go to line 9.				
• Yes. Enter your local general sales tax rate, but omit percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2010, see instructions. (If you do not know your local general sales tax rate, contact your local government.	5.		1.000	
6. Did you enter -0- on line 4 above?				
• No. Skip lines 6 and 7 and go to line 8.				
• Yes. Enter your state general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0	6.		6.000	
7. Divide line 5 by line 6. Enter the result as a decimal (rounded to at least three places)	7.		0.167	
8. Did you enter -0- on line 4 above?				
• No. Multiply line 4 by line 5.				
• Yes. Multiply line 3 by line 7. If you lived in more than one locality in the same state during 2010, see instructions above.	8.			236
9. Enter your state and local general sales taxes paid on specified items, if any (see instructions)	9.			
10. Deduction for general sales taxes. Add lines 3, 8, and 9. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5. Be sure to check box b on that line	10.			1,654

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STATE AND LOCAL TAX SUMMARY

1. Total state and local income taxes	1.	0		
2. General sales taxes (as entered or from the worksheet above)	2.			1,654
3. Deduction taken (larger of lines 1 or 2) on Schedule A (Form 1040), line 5	3.			1,654

2010 DETAIL STATEMENTS

JEFFREY LAMPERT

Page 1

STATEMENT #1 - A- Other Business Expenses (FORM 2106 #1 LINE 4)

LOCAL 1403 [Taxpayer].....	1,496
CELL PHONE (REQD FOR OT 2/3) [Taxpayer].....	416
FBA [Taxpayer].....	192
TOTAL CARRIED TO FORM 2106 #1 LINE 4.....	2,104

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2010 CHILD TAX CREDIT WORKSHEET - Line 51

JEFFREY LAMPERT and REBECA GONZALEZ-LAMPERT

Keep for Your Records

CAUTION!

To be a qualifying child for the child tax credit, the child must be your dependent, **under age 17** at the end of 2010, and meet the other requirements listed in the instructions.

Do not use this worksheet if you answered "Yes" to question 1 or 2 in the instructions. Instead, use Pub 972.

PART 1

1. Number of qualifying children: 1 x \$1,000. Enter the result 1 1,000

2. Enter the amount from Form 1040, line 38 2 176,232

3. Enter the amount shown below for your filing status.

- Married filing jointly -- \$110,000
- Single, head of household, or qualifying widow(er) -- \$75,000
- Married filing separately -- \$55,000

3 110,000

4. Is the amount on line 2 more than the amount on line 3?

No. Leave line 4 blank. Enter -0- on line 5 and go to line 6.

Yes. Subtract line 3 from line 2 4 67,000

If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc).

5. Multiply the amount on line 4 by 5% (.05). Enter the result 5 3,350

6. Is the amount on line 1 more than the amount on line 5?

No. **STOP**
You cannot take the child tax credit on Form 1040, line 51. You also cannot take the additional child tax credit on Form 1040, line 65. Complete the rest of your Form 1040.

Yes. Subtract line 5 from line 1. Enter the result. Go to Part 2 on page 2 of this worksheet 6

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