

**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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DADE COUNTY
ELECTIONS DEPARTMENT

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)

Michelle Alvarez Barakat

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

2701 Ponce de Leon, Suite 202
Coral Gables, FL 33134

4. Telephone

(786) 309-2693

5. E-mail address

michelle@alvarezbarakatforjudge.com

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

Eleventh Judicial Circuit, Miami-Dade
County Court Judge, Group 20

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

Michelle Alvarez Barakat

11. Mailing Address

2701 Ponce de Leon Suite 202

12. Telephone

(305) 444-3114

13. City

Coral Gables

14. County

Miami-Dade

15. State

FL

16. Zip Code

33134

17. E-mail address

michelle@alvarezbarakatforjudge.com

18. I have designated the following bank as my

☒ Primary Depository

☐ Secondary Depository

19. Name of Bank

City National Bank

20. Address

2 S. Biscayne Blvd. #101

21. City

Miami

22. County

Miami-Dade

23. State

FL

24. Zip Code

33131

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

4/18/2012

26. Signature of Candidate

X 

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

I, Michelle Alvarez Barakat, do hereby accept the appointment
(Please Print or Type Name)

designated above as:

☐

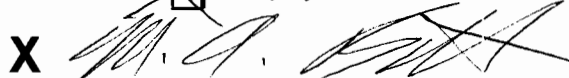
Campaign Treasurer

☒

Deputy Treasurer.

4/18/2012

Date

X 

Signature of Campaign Treasurer or Deputy Treasurer

JUDICIAL OFFICE
CANDIDATE OATH

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OATH OF CANDIDATE (Section 105.031, Florida Statutes)

ELECTIONS DEPARTMENT

I, Michelle Alvarez Barakat
(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 judicial office of County Court Judge, 11th
(office) (district #) (circuit #)
20; my legal residence is Miami-Dade County, Florida; I am a qualified elector
(group #)

of the state and of the territorial jurisdiction of the court to which I seek election; I am qualified under the Constitution and the Laws of Florida to hold the judicial office to which I desire to be elected or in which I desire to be retained; 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 which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

X

Signature of Candidate

Telephone Number

Email Address

2701 Ponce de Leon Coral Gables FL 33134
Address Suite 202 City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 116228212

* Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form):

Mee-sheh Al-vah-rez Ba-Ra-Kat

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 18th day of April, 20 12.

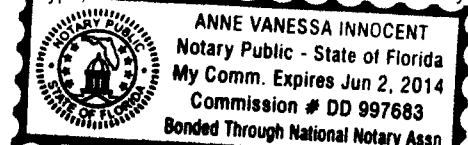
Personally Known: _____ or

Produced Identification: ✓

Type of Identification Produced: FL Driver's License

Signature of Notary Public

Print Name or Stamp Commissioned Name of Notary Public



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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Barakat Michelle Alvarez

MAILING ADDRESS:

2701 Ponce De Leon Blvd Suite 202

CITY:

ZIP:

COUNTY:

Coral Gables FL 33134

NAME OF AGENCY:

Eleventh Judicial Circuit

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Dade County Court Judge Group 20

CHECK IF THIS IS A FILING BY A CANDIDATE ☒

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ID Code

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

ID No.

Conf. Code

P. Req. Code

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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 10, 20 12 was \$ 58,436

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 \$ 175,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
Primary Residence - Coral Gables, FL	\$706,300
IRA Account maintained at T. Rowe Price	\$10,193
Checking Account #1 at Chase Bank 4000 Ponce De Leon Blvd. Coral Gables, FL 33146	\$5,000
Checking Account #2 at Chase Bank 4000 Ponce De Leon Blvd. Coral Gables, FL 33146	\$5,000
2010 Infiniti EX35 Automobile Lease	\$8,329

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Chase Bank Home Line of Credit - 4000 Ponce De Leon Blvd. Coral Gables, FL 33146	\$197,465
GMAC Home Mortgage - PO Box 79135, Phoenix, AZ 85062	\$371,098
Key Bank - AES Graduate & Prof Services Build., Harrisburg, PA 17130	\$5,905
Sallie Mae - PO Box 9532, Wilkes-Barre, PA 18773	\$216,737

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
2010 Infiniti EX35 Automobile Lease	\$8,329

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and 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 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
See Attached 2011 Income Tax Return		

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
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

STATE OF FLORIDA
COUNTY OF

Miami-Dade

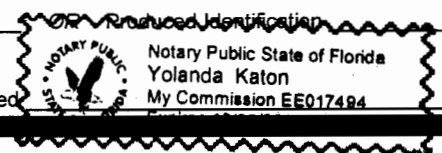
Sworn to (or affirmed) and subscribed before me this 18 day of

April, 2012, by Michelle Alvarez Barakat

Yolanda Katon
(Signature of Notary Public--State of Florida)

Yolanda Katon
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒



Type of Identification Produced

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.

[Signature]
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.

Form **8879**Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

2011

Declaration Control Number (DCH)

00-607532-00029-2

Taxpayer's name

Brian Barakat

Spouse's name

Michelle Barakat

Part I Tax Return Information - Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	237,261.
2	Total tax (Form 1040, line 61; Form 1040A, line 36; Form 1040EZ, line 10)	2	37,076.
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	50,009.
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	12,933.
5	Amount you owe (Form 1040, line 75; Form 1040A, line 45; Form 1040EZ, line 12)	5	

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, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return signator (ERS) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to assure me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to replace (reset) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to assure proper and timely payment of the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Rosillo & Associates, P.A. to enter or generate my PIN

Enter the numbers, but do not enter all zeros

as my signature on my tax year 2011 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2011 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. The ERO must complete Part III below.

Your signature

Date

4/12/12

Spouse's PIN: check one box only

☒ I authorize Rosillo & Associates, P.A. to enter or generate my PIN

Enter the numbers, but do not enter all zeros

as my signature on my tax year 2011 electronically filed income tax return.

☐ I will enter my PIN as my signature on my tax year 2011 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. The ERO must complete Part III below.

Spouse's signature

Date

4/11/12

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

60753256711

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized e-file Providers of Individual Income Tax Returns.

ERO's signature

Date

4/11/12

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879 (2011)

FOIA1701 09/12/11

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ELECTIONS DEPARTMENT

Form **1040** Department of the Treasury — Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2011** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2011, or other tax year beginning , 2011, ending , 20 See separate instructions.

Your first name **Brian** MI Last name **J Barakat** Your social security number **2012 APR 18 PM 4:11**

If a joint return, spouse's first name **Michelle** MI Last name **A Barakat** Spouse's social security number **FL 33146**

Home address (number and street). If you have a P.O. box, see instructions. **FL 33146** State ZIP code **FL 33146** Foreign country name Foreign province/county Foreign postal code

City, town or post office. If you have a foreign address, also complete spaces below (see instructions). **FL 33146** State ZIP code **FL 33146** Foreign country name Foreign province/county Foreign postal code

Foreign country name Foreign province/county Foreign postal code **FL 33146** Foreign country name Foreign province/county Foreign postal code

Filing Status 1 ☐ Single 4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here

2 ☒ Married filing jointly (even if only one had income) 5 ☐ Qualifying widow(er) with dependent child

3 ☐ Married filing separately. Enter spouse's SSN above & full name here

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 or (see instrs)

Derek Barakat **Son** ☒

Anna Barakat **Daughter** ☒

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

Dependents on 6c not entered above

Add numbers on lines above

d Total number of exemptions claimed 4

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 96,017.

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

b Qualified dividends 9b

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 1,000.

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck 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 17 140,315.

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 21

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 237,332.

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 Deductible part of self-employment tax. Attach Schedule SE 27 71.

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 71.

37 Subtract line 36 from line 22. This is your adjusted gross income 37 237,261.

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, \$5,800
Married filing jointly or Qualifying widow(er), \$11,600
Head of household, \$8,500

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Paid Preparer's Use Only

38	Amount from line 37 (adjusted gross income)	38	237,261.
39a	Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see instructions)	40	43,590.
41	Subtract line 40 from line 38	41	193,671.
42	Exemptions. Multiply \$3,700 by the number on line 6d	42	14,800.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	178,871.
44	Tax (see instrs). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election	44	38,153.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	0.
46	Add lines 44 and 45	46	38,153.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	1,200.
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 crs 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	1,200.
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	36,953.
56	Self-employment tax. Attach Schedule SE	56	123.
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	
59a	Household employment taxes from Schedule H	59a	
59b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Other taxes. Enter code(s) from instructions	60	
61	Add lines 55-60. This is your total tax	61	37,076.
62	Federal income tax withheld from Forms W-2 and 1099	62	50,009.
63	2011 estimated tax payments and amount applied from 2010 return	63	
64a	Earned income credit (EIC) b Nontaxable combat pay election <input type="checkbox"/> 64b	64a	
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 lns 62, 63, 64a, & 65-71. These are your total pmts	72	50,009.
73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	12,933.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/> b Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="checkbox"/>	74a	12,933.
75	Amount of line 73 you want applied to your 2012 estimated tax	75	
76	Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions	76	
77	Estimated tax penalty (see instructions)	77	

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

Designee's name Frank A. Rosillo, CPA	Phone no. (305) 477-5671	Personal identification number (PIN) 56711
--	---------------------------------	---

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 Attorney	Date	Your occupation Attorney	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation Attorney	If the IRS sent you an Identity Protection PIN, enter it here (see inst)

Print/Type preparer's name Frank A. Rosillo, CPA	Preparer's signature Frank A. Rosillo, CPA	Date	Check <input type="checkbox"/> if self-employed PTIN P00440836
Firm's name Rosillo & Associates, P.A.	Firm's address 7950 NW 53rd St Suite 221 Doral FL 33166	Firm's EIN 65-0354779	Phone no. (305) 477-5671

ELECTIONS DEPARTMENT

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Form 1040 (2011) Brian & Michelle Barakat		Page 2
38 Amount from line 37 (adjusted gross income)		38 1,261
39a Check <input type="checkbox"/> You were born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked = 39a		39a
39b <input type="checkbox"/> Spouse was born before January 2, 1947, <input type="checkbox"/> Blind. Total boxes checked = 39b		39b
b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/>		
40 Limited deductions (from Schedule A) or your standard deduction (see instructions)		40 13,590
41 Subtract line 40 from line 38		41 13,571
42 Exemptions. Multiply \$3,700 by the number on line 6d		42 14,800
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43 178,871
44 Tax (see instructions). Check if any from: <input type="checkbox"/> Form(s) 8814 <input type="checkbox"/> 962 election		44 18,153
45 Alternative minimum tax (see instructions). Attach Form 6251		45 0
46 Add lines 44 and 45		46 18,153
47 Foreign tax credit. Attach Form 1116 if required		47
48 Credit for child and dependent care expenses. Attach Form 2441		48 1,200
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 tax credits from: a <input type="checkbox"/> 380 b <input type="checkbox"/> 801 c <input type="checkbox"/>		53
54 Add lines 47 through 53. These are your total credits		54 1,200
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-		55 16,953
56 Self-employment tax. Attach Schedule SE		56 123
57 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4127 b <input type="checkbox"/> 819		57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		58
59a Household employment taxes from Schedule H		59a
59b First-time homebuyer credit repayment. Attach Form 5405 if required		59b
60 Other taxes. Enter code(s) from instructions		60
61 Add lines 55-59. This is your total tax		61 37,076
62 Federal income tax withheld from Forms W-2 and 1099		62 50,009
63 2011 estimated tax payments and amount applied from 2010 return		63
64a Earned income credit (EIC)		64a
64b Nonrefundable combat pay election <input type="checkbox"/> 64b		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"/> 2139 b <input type="checkbox"/> 8139 c <input type="checkbox"/> 8302 d <input type="checkbox"/> 6885		71
72 Add lines 62, 63, 64a, 65-71. These are your total payments		72 50,009
73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid		73 12,933
74a Amount of line 73 you want: Form 8888 is attached, check here <input type="checkbox"/>		74a 12,933
74b Refunding number		74b
74c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		74c
74d Account number		74d
75 Amount of line 73 you want applied to your 2012 estimated tax		75
76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions		76
77 Estimated tax penalty (see instructions)		77
Third Party Designee: Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No		
Designee's name: Frank A. Rosillo, CPA		Phone no: (305) 477-5671
Designee's signature: [Signature]		Designee's occupation: Attorney
Designee's date: 4/12/12		Designee's phone number: 305-219-7172
Preparer's name: Frank A. Rosillo, CPA		Preparer's date: 4/11/12
Preparer's signature: [Signature]		Preparer's occupation: Attorney
Preparer's date: 4/11/12		Preparer's phone number: 305-219-7172
Paid Preparer's Use Only: Frank A. Rosillo & Associates, P.A.		Preparer's EIN: 65-0354779
Firm's address: 7950 NW 53rd St Suite 221		Firm's phone no: (305) 477-5671
City: Doral		State: FL 33166

7040112 11/07/11

Form 1040 (2011)

ELECTIONS DEPARTMENT

2012 APR 19 PM 4:11

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SCHEDULE A
(Form 1040)**Itemized Deductions**

OMB No. 1545-0074

2011Attachment
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 number

Brian J & Michelle A Barakat

		1	2	3	4
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	2			
	3 Multiply line 2 by 7.5% (.075)	3			
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4
Taxes You Paid	5 State and local (check only one box):	5			
	a <input type="checkbox"/> Income taxes, or		2,230.		
	b <input checked="" type="checkbox"/> General sales taxes				
	6 Real estate taxes (see instructions)	6		5,722.	
	7 Personal property tax	7			
	8 Other taxes. List type and amount ▶	8			
	9 Add lines 5 through 8	9			7,952.
Interest You Paid	10 Home mtg interest and points reported to you on Form 1098	10		28,907.	
	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 number, and address ▶	11			
	12 Points not reported to you on Form 1098. See instrs for spcl rules	12			
	13 Mortgage insurance premiums (see instructions)	13			
	14 Investment interest. Attach Form 4952 if required. (See instrs.)	14			
	15 Add lines 10 through 14	15			28,907.
	Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16		5,147.
If you made a gift and got a benefit for it, see instructions.	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		1,584.	
	18 Carryover from prior year	18			
	19 Add lines 16 through 18	19			6,731.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20			
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			
	24 Add lines 21 through 23	24			
	25 Enter amount from Form 1040, line 38 25	25			
	26 Multiply line 25 by 2% (.02)	26			
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27			
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			43,590.
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here				

SCHEDULE C-EZ
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name of proprietor

Michelle A Barakat

Net Profit From Business
(Sole Proprietorship)

► Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
► Attach to Form 1040, 1040NR, or 1041. ► See instructions.

OMB No. 1545-0074

2011

Attachment
Sequence No. **09A**

Social security number (SSN)

Part I General Information

**You May Use
Schedule C-EZ
Instead of
Schedule C
Only If You:**

- Had business expenses of \$5,000 or less.
- Use the cash method of accounting.
- Did not have an inventory at any time during the year.
- Did not have a net loss from your business.
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.
- Did not receive any credit or similar payments that included amounts that are not includible in your income (see instructions)

And You:

- Had no employees during the year.
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.
- Do not deduct expenses for business use of your home.
- Do not have prior year unallowed passive activity losses from this business.

A Principal business or profession, including product or service Of Counsel - Michelle Barakat	B Enter business code ► 541100
C Business name. If no separate business name, leave blank.	D Enter your EIN (see instructions)
E Business address (including suite or room number). Address not required if same as on page 1 of your tax return. 2701 Ponce de Leon Blvd. Suite 202 City, town or post office, state, and ZIP code Miami, FL 33134	
F Did you make any payments in 2011 that would require you to file Form(s) 1099 (see the Schedule C instructions)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G If 'Yes,' did you or will you file all required Forms 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Figure Your Net Profit

1a Merchant card and third party payments. For 2011, enter -0-	1a	0.
b Gross receipts or sales not entered on line 1a (see instructions)	1b	1,000.
c Income reported to you on Form W-2 if the 'Statutory Employee' box on that form was checked. Caution. See Schedule C instructions before completing this line.	1c	
d Total of lines 1a, 1b, and 1c. If any adjustments to line 1a, you must use Sch C (see instrs)	1d	1,000.
2 Total expenses (see instructions). If more than \$5,000, you must use Schedule C	2	
3 Net profit. Subtract line 2 from line 1d. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (If you entered an amount on line 1c, do not report the amount from line 1c on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3	3	1,000.

Part III Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year) ►

5 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business **b** Commuting (see instructions) **c** Other

6 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

7 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

8a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

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

Your social security number

Brian J & Michelle A Barakat

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s), ...**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 instructions before completing this section.

28	(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
A	Brian Barakat, P.A.	S		13-4317349	
B					
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			4,078.	144,393.
B				
C				
D				
29a Totals				144,393.
b Totals			4,078.	
30 Add columns (g) and (j) of line 29a			30	144,393.
31 Add columns (f), (h), and (i) of line 29b			31	-4,078.
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	140,315.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer ID no.
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 from Schedule K-1
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

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		41 140,315.
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	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► **Attach to Form 1040 or Form 1040NR.** ► **See separate instructions.**

OMB No. 1545-0074

2011

Attachment
Sequence No. **17**

Name of person with **self-employment** income (as shown on Form 1040)

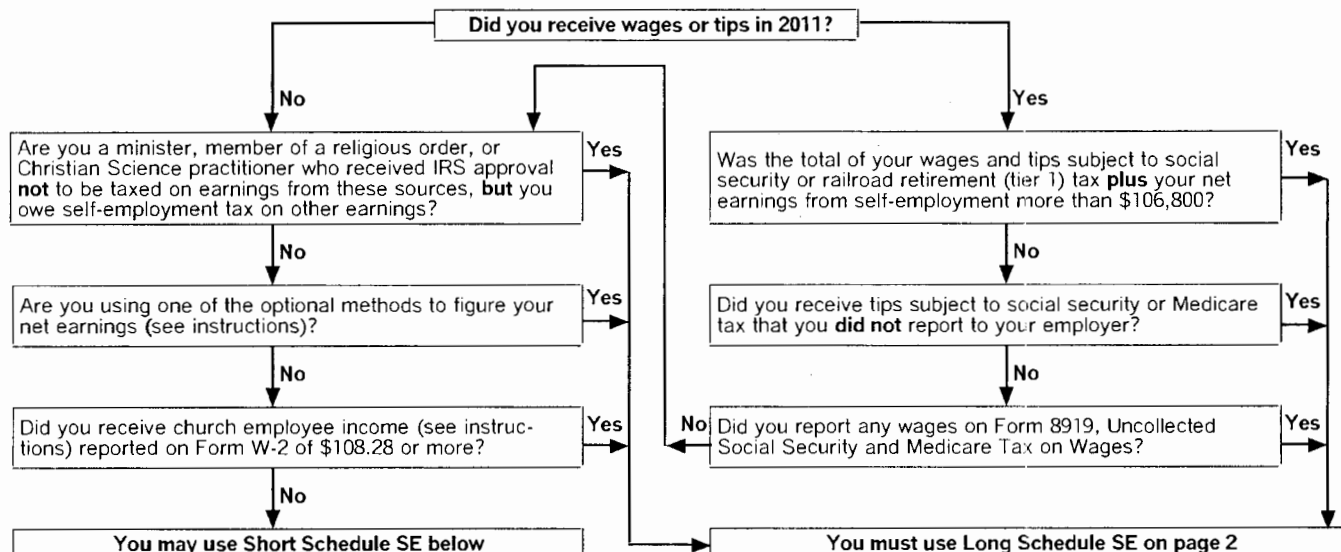
Michelle A Barakat

Social security number of person
with **self-employment** income ►

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE*, in the instructions.



Section A – Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Y

2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report

3 Combine lines 1a, 1b, and 2

4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; **do not** file this schedule unless you have an amount on line 1b

Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

5 Self-employment tax. If the amount on line 4 is:

- \$106,800 or less, multiply line 4 by 13.3% (.133). Enter the result here and on **Form 1040, line 56**, or **Form 1040NR, line 54**.
- More than \$106,800, multiply line 4 by 2.9% (.029). Then, add \$11,107.20 to the result. Enter the total here and on **Form 1040, line 56**, or **Form 1040NR, line 54**.

6 Deduction for employer-equivalent portion of self-employment tax. If the amount on line 5 is:

- \$14,204.40 or less, multiply line 5 by 57.51% (.5751)
- More than \$14,204.40, multiply line 5 by 50% (.50) and add \$1.067 to the result.

Enter the result here and on **Form 1040, line 27** or **Form 1040NR, line 27**

ELECTIONS DEPARTMENT

2012 APR 18 PM 4:12

1a

1b

2

3

4

5

6

71.

1,000.

1,000.

924.

123.

Child and Dependent Care Expenses

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.

▶ See separate instructions.

2011

Attachment
Sequence No. 21

Name(s) shown on return

Your social security number

Brian J & Michelle A Barakat

Part I Persons or Organizations Who Provided the Care — You must complete this part.
(If you have more than two care providers, see the instructions.)

1	(a) Care provider's name	(b) Address (no., street, apt no., city, state, and ZIP code)	(c) Identifying no. (SSN or EIN)	(d) Amount paid (see instructions)
	Granada Day School	950 University Dr. Coral Gables FL 33134	59-0260211	9,069.
	Riviera Day School	6800 Nervia Street Miami FL 33146	59-1389459	207.

Did you receive
dependent care benefits?

No

Yes

Complete only Part II below.

Complete Part III on page 2 next.

Caution. If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 59a, or Form 1040NR, line 58a.**Part II** Credit for Child and Dependent Care Expenses2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

(a) Qualifying person's name		(b) Qualifying person's social security number	(c) Qualified expenses you incurred and paid in 2011 for the person listed in column (a)
First	Last		
Derek	Barakat		207.
Anna	Barakat		9,069.

3 Add the amounts in column (c) of line 2. **Do not** enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 314 Enter your **earned income**. See instructions5 If married filing jointly, enter your spouse's earned income (if your spouse was a student or was disabled, see the instructions); **all others**, enter the amount from line 46 Enter the **smallest** of line 3, 4, or 5

7 Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37

8 Enter on line 8 the decimal amount shown below that applies to the amount on line 7

If line 7 is:

Over	But not over	Decimal amount is
\$0—15,000		.35
15,000—17,000		.34
17,000—19,000		.33
19,000—21,000		.32
21,000—23,000		.31
23,000—25,000		.30
25,000—27,000		.29
27,000—29,000		.28

If line 7 is:

Over	But not over	Decimal amount is
\$29,000—31,000		.27
31,000—33,000		.26
33,000—35,000		.25
35,000—37,000		.24
37,000—39,000		.23
39,000—41,000		.22
41,000—43,000		.21
43,000—No limit		.20

9 Multiply line 6 by the decimal amount on line 8. If you paid 2010 expenses in 2011, see the instructions

10 Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions

11 **Credit for child and dependent care expenses.** Enter the **smaller** of line 9 or line 10 here and on Form 1040, line 48; Form 1040A, line 29; or Form 1040NR, line 46

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

Form 2441 (2011)

Noncash Charitable Contributions

► **Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.**
► **See separate instructions.**

OMB No. 1545-0908

Attachment
Sequence No. **155**

Name(s) shown on your income tax return

Brian J & Michelle A Barakat

Identifying number

Note: Figure the amount of your contribution deduction before completing this form. See your tax return instructions.**Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities** — List in this section **only** items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).**Part I Information on Donated Property** — If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) Description of donated property (For a donated vehicle, enter the year, make, model, condition, and mileage, and attach Form 1098-C if required.)
A	SAFESPACE THRIFT STORE & DISTRIBUTION CTR 17750 S. DIXIE HWY MIAMI FL 33157	Various Household Items & Clothes
B		
C		
D		
E		

Note: If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

(c) Date of the contribution	(d) Date acquired by donor (mo., yr)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) Fair market value (see instructions)	(h) Method used to determine the fair market value
A 07/27/2011	Various	Purchase	1,584.	1,584.	Present value
B					
C					
D					
E					

Part II Partial Interests and Restricted Use Property — Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).**2a** Enter the letter from Part I that identifies the property for which you gave less than an entire interest ►

If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: **(1)** For this tax year ►
(2) For any prior tax years ►**c** Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town

State ZIP code

d For tangible property, enter the place where the property is located or kept ►**e** Name of any person, other than donee organization, having actual possession of the property ►**3a** Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?**b** Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?**c** Is there a restriction limiting the donated property for a particular use?

Yes	No

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)**2011**Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Identifying number

Brian J & Michelle A Barakat

Business or activity to which this form relates

Section 179 Summary**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6	(a) Description of property from Schedule K-1	(b) Cost (business use only)	(c) Elected cost 4,078.
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	4,078.
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	4,078.
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	0.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	241,410.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	4,078.
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B — Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C — Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Supporting Statement of:

Schedule A/Ln 17, Cost/adj basis-1

Description	Amount
Purses/Bags	269.00
Clothes	384.00
Toys	68.00
Phone	10.00
Laptop	825.00
Furniture	28.00
Total	<u>1,584.00</u>

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2012 APR 18 PM 4:12
ELECTIONS DEPARTMENT

Form **W2** Wage and Tax Statement **2011**

OMB No. 1545-0008

9C79 9C79

Copy B To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

c Employer's name, address and ZIP code

BRIAN BARAKAT P A
2701 PONCE DE LEON BLVD.
SUITE 202

CORAL GABLES FL 33134

e Employee's first name and initial Last name Suff.

MICHELLE BARAKAT
507 BIRD ROAD

CORAL GABLES FL 33146

f Employee's address and ZIP code

FL NA

15 State Employer's state I.D. number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

1 Wages, tips, other compensation	2 Federal income tax withheld
38461.50	2211.50
3 Social security wages	4 Social security tax withheld
38461.50	1615.38
5 Medicare wages and tips	6 Medicare tax withheld
38461.50	557.69
10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12	12b
12c	12d
13 Statutory Retirement Third-party sick pay	14 other
b Employer identification number	a Employee's social security number

Form **W2** Wage and Tax Statement **2011**

OMB No. 1545-0008

9C79 9C79

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee on back of Copy B).

c Employer's name, address and ZIP code

BRIAN BARAKAT P A
2701 PONCE DE LEON BLVD.
SUITE 202

CORAL GABLES FL 33134

e Employee's first name and initial Last name Suff.

MICHELLE BARAKAT
507 BIRD ROAD

CORAL GABLES FL 33146

f Employee's address and ZIP code

FL NA

15 State Employer's state I.D. number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

1 Wages, tips, other compensation	2 Federal income tax withheld
38461.50	2211.50
3 Social security wages	4 Social security tax withheld
38461.50	1615.38
5 Medicare wages and tips	6 Medicare tax withheld
38461.50	557.69
10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12	12b
12c	12d
13 Statutory Retirement Third-party sick pay	14 other
b Employer identification number	a Employee's social security number

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Form **W2** Wage and Tax Statement **2011**

OMB No. 1545-0008

9C79 9C79

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

c Employer's name, address and ZIP code

BRIAN BARAKAT P A
2701 PONCE DE LEON BLVD.
SUITE 202

CORAL GABLES FL 33134

e Employee's first name and initial Last name Suff.

MICHELLE BARAKAT
507 BIRD ROAD

CORAL GABLES FL 33146

f Employee's address and ZIP code

FL NA

15 State Employer's state I.D. number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

1 Wages, tips, other compensation	2 Federal income tax withheld
38461.50	2211.50
3 Social security wages	4 Social security tax withheld
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5 Medicare wages and tips	6 Medicare tax withheld
38461.50	557.69
10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12	12b
12c	12d
13 Statutory Retirement Third-party sick pay	14 other
b Employer identification number	a Employee's social security number

Form **W2** Wage and Tax Statement **2011**

OMB No. 1545-0008

9C79 9C79

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

c Employer's name, address and ZIP code

BRIAN BARAKAT P A
2701 PONCE DE LEON BLVD.
SUITE 202

CORAL GABLES FL 33134

e Employee's first name and initial Last name Suff.

MICHELLE BARAKAT
507 BIRD ROAD

CORAL GABLES FL 33146

f Employee's address and ZIP code

FL NA

15 State Employer's state I.D. number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

1 Wages, tips, other compensation	2 Federal income tax withheld
38461.50	2211.50
3 Social security wages	4 Social security tax withheld
38461.50	1615.38
5 Medicare wages and tips	6 Medicare tax withheld
38461.50	557.69
10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12	12b
12c	12d
13 Statutory Retirement Third-party sick pay	14 other
b Employer identification number	a Employee's social security number

