

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

**OFFICE USE ONLY**

Proof of residency provided:

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

**OATH OF CANDIDATE**

(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

I, Javier Muñoz  
(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 nonpartisan office of County Commissioner, 11  
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; I have resigned from any office from 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.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and am submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

<b>X</b>	<u>[Signature]</u>	<u>(305) 771-3253</u>	<u>javier@votemunoz.com</u>
	Signature of Candidate	Telephone Number	Email Address
	<u>PO Box 942602</u>	<u>Miami</u>	<u>FL 33194-2602</u>
	Address	City	State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109884365

STATE OF FLORIDA  
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 1<sup>ST</sup> day of June

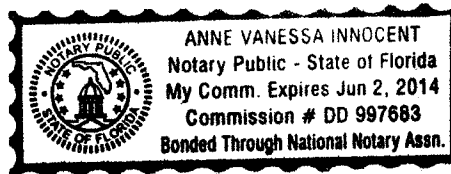
Personally Known: \_\_\_\_\_ or

Produced Identification:  \_\_\_\_\_

Type of Identification Produced:


FL Driver's License

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



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**Florida** *The Sunshine State*  
DRIVER LICENSE



JAVIER ALFREDO  
MUNOZ  
14651 SW 10TH ST  
MIAMI, FL 33184-3116  
DOB: 04-10-1983 SEX: M  
ISSUED: 01-24-2007 HGT: 6-01  
EYES: BRN HAIR: BRN  
SEX: M  
REPLACED: 04-13-2011

SAFE DRIVER

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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

**FINANCIAL INTERESTS**

LAST NAME — FIRST NAME — MIDDLE NAME:

Munoz, Javier Alfredo

MAILING ADDRESS:

14651 SW 10th ST

CITY : ZIP : COUNTY :

Miami 33184 Miami-Dade

NAME OF AGENCY :

Miami-Dade Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

County Commissioner, District 11

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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**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 June 1, 20 12 was \$ 140,790

**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 \$ 35,000

**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
House, 14651 SW 10th ST, Miami	290,138
Scottrade Investment Account (Stock in GS, AA, NLY)	6,231
MetLife Retirement Account (Variable Annuity)	25,306

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America, PO BOX 650070, Dallas TX 75265-0070	203,032
Department of Education Federal Loan Servicing, PO Box 530210, Atlanta GA 30353-0210	12,853

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**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.]

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

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

**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

**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	N/A	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

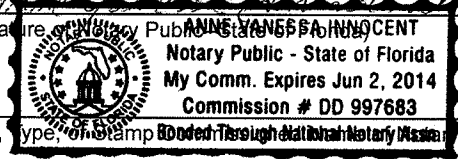
**OATH**

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 1<sup>ST</sup> day of

June, 20 12 by Javier Alfredo Munoz

(Signature of Notary Public) Anne Vanessa Innocent  
  
 (Print, type, or Stamp) Anne Vanessa Innocent (Public)

J. Munoz  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FL Driver's license

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

IRS e-file Signature Authorization

2011

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)

2012 JUN -1 PM 5:20

00-601680-02469-2

Taxpayer's name

JAVIER A MUNOZ

Social security number

Spouse's name

Spouse's social security number

MIAMI-DADE ELECTIONS

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

Table with 2 columns: Line number and Amount. Rows include Adjusted gross income (84,006), Total tax (6,180), Federal income tax withheld (12,795), Refund (7,001), 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, 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.

Taxpayer's PIN: check one box only

[X] I authorize SILVIO SANTANA CPA PA to enter or generate my PIN 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.

Your signature Date

Spouse's PIN: check one box only

[X] I authorize SILVIO SANTANA CPA PA to enter or generate my PIN 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.

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 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 IRS e-file Providers of Individual Income Tax Returns.

ERO's signature Date 02/09/12

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

For the year Jan 1 - Dec 31, 2011, or other tax year beginning 2011 ending 2011 JUN - 1 PM 3:20  
 Your first name **JAVIER** MI **A** Last name **MUNOZ** See separate instructions.  
 Your social security number \_\_\_\_\_  
 If a joint return, spouse's first name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_ Spouse's social security number \_\_\_\_\_  
 Home address (number and street). If you have a P.O. box, see instructions. **14651 SW 10 ST** Apartment no. \_\_\_\_\_  
 City, town or post office. If you have a foreign address, also complete spaces below (see instructions). **MIAMI** State **FL** ZIP code **33184**  
 Foreign country name \_\_\_\_\_ Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Presidential Election Campaign  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status**  
 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above & full name here ...  
 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 ...  
 5  Qualifying widow(er) with dependent child

**Exemptions**  
 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse  
 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 cr (see instrs)  
 If more than four dependents, see instructions and check here ...   
 d Total number of exemptions claimed 2

<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	84,563.
	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	
	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	
	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	84,563.

<b>Adjusted Gross Income</b>	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	
	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	557.
	34 Tuition and fees. Attach Form 8917	34	
	35 Domestic production activities deduction. Attach Form 8903	35	
	36 Add lines 23 through 35	36	557.
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	84,006.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 84,006.

39a Check  You were born before January 2, 1947,  Blind.  Total boxes checked 39a

if:  Spouse was born before January 2, 1947  Blind. checked 39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here

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

40 Itemized deductions (from Schedule A) or your standard deduction (see instructions) 40 25,890.

41 Subtract line 40 from line 38 41 58,116.

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 7,400.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 50,716.

44 Tax (see instrs). Check if any from: a  Form(s) 8814 c  962 election b  Form 4972 44 6,759.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 6,759.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49 579.

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  3800 b  8801 c  53

54 Add lines 47 through 53. These are your total credits 54 579.

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 6,180.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a  4137 b  8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a

b 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 6,180.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62 12,795.

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) No 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 66 386.

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a  2439 b  8839 c  8801 d  8885 71

72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72 13,181.

Refund

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 7,001.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  74a 7,001.

b Routing number c Type:  Checking  Savings

d Account number

Direct deposit? See instructions.

75 Amount of line 73 you want applied to your 2012 estimated tax 75

Amount You Owe

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)?  Yes. Complete below.  No

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation Daytime phone number

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst)

Paid Preparer's Use Only

Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN

Silvio Santana 02/09/2012

Firm's name: SILVIO SANTANA CPA PA Firm's EIN: 65-0106622

Firm's address: 9961 SW 70 ST MIAMI FL 33173 Phone no.

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

2011

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040.

See Instructions for Schedule A (Form 1040).

Attachment Sequence No. 07

Name(s) shown on Form 1040

Your social security number

JAVIER A MUNOZ

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions)	1	1.
2	Enter amount from Form 1040, line 38	2	84,006.
3	Multiply line 2 by 7.5% (.075)	3	6,300.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0.
5 State and local (check only one box):			
a	<input type="checkbox"/> Income taxes, or	5	2,570.
b	<input checked="" type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	5,153.
7	Personal property tax	7	
8	Other taxes. List type and amount	8	
9	Add lines 5 through 8	9	7,723.
Interest You Paid			
10	Home mtg interest and points reported to you on Form 1098	10	10,578.
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 spl 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	10,578.
Gifts to Charity			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instrs	16	670.
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	485.
18	Carryover from prior year	18	
19	Add lines 16 through 18	19	1,155.
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	7,964.
22	Tax preparation fees	22	150.
23	Other expenses - investment, safe deposit box, etc. List type and amount	23	
24	Add lines 21 through 23	24	8,114.
25	Enter amount from Form 1040, line 38	25	84,006.
26	Multiply line 25 by 2% (.02)	26	1,680.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	6,434.
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	25,890.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

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Form **8863**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

# Education Credits (American Opportunity and Lifetime Learning Credits)

▶ See separate instructions to find out if you are eligible to take the credits.  
▶ Attach to Form 1040 or Form 1040A.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. **50**

Your social security number

**JAVIER A MUNOZ**

**CAUTION!** You cannot take both an education credit and the tuition and fees deduction (see Form 8917) for the **same student** for the same year.

## Part I American Opportunity Credit

**Caution:** You cannot take the American opportunity credit for more than **4 tax years** for the **same student**.

1	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions). <b>Do not</b> enter more than \$4,000 for each student.	(d) Subtract \$2,000 from the amount in column (c). If zero or less, enter -0-.	(e) Multiply the amount in column (d) by 25% (.25)	(f) If column (d) is zero, enter the amount from column (c). Other- wise, add \$2,000 to the amount in column (e).	
	First name Last name						
			965.	0.	0.	965.	
2	<b>Tentative American opportunity credit.</b> Add the amounts on line 1, column (f). If you are taking the lifetime learning credit for a different student, go to Part II; otherwise, go to Part III					2	965.

## Part II Lifetime Learning Credit

**Caution:** You cannot take the American opportunity credit and the lifetime learning credit for the **same student** in the same year.

3	(a) Student's name (as shown on page 1 of your tax return)	(b) Student's social security number (as shown on page 1 of your tax return)	(c) Qualified expenses (see instructions)
	First name Last name		
4	Add the amounts on line 3, column (c), and enter the total		4
5	Enter the <b>smaller</b> of line 4 or \$10,000		5
6	<b>Tentative lifetime learning credit.</b> Multiply line 5 by 20% (.20). If you have an entry on line 2, go to Part III; otherwise go to Part IV		6

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

FDIA3601 01/06/12

Form **8863** (2011)

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**Part III Refundable American Opportunity Credit**

7	Enter the amount from line 2	7	965.
8	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	8	180,000.
9	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub 970 for the amount to enter.	9	84,006.
10	Subtract line 9 from line 8. If zero or less, <b>stop</b> ; you cannot take any education credit.	10	95,994.
11	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	11	20,000.
12	If line 10 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 11, enter 1.000 on line 12</li> <li>• Less than line 11, divide line 10 by line 11. Enter the result as a decimal (rounded to at least three places)</li> </ul>	12	1.000
13	Multiply line 7 by line 12. <b>Caution:</b> If you were under age 24 at the end of the year and meet the conditions in the instructions, you <b>cannot</b> take the refundable American opportunity credit. Skip line 14, enter the amount from line 13 on line 15, and check this box <input type="checkbox"/>	13	965.
14	<b>Refundable American opportunity credit.</b> Multiply line 13 by 40% (.40). Enter the amount here and on Form 1040, line 66, or Form 1040A, line 40. Then go to line 15 below	14	386.

**Part IV Nonrefundable Education Credits**

15	Subtract line 14 from line 13	15	579.
16	Enter the amount from line 6, if any. If you have no entry on line 6, skip lines 17 through 22, and enter the amount from line 15 on line 6 of the Credit Limit Worksheet (see instructions)	16	
17	Enter: \$122,000 if married filing jointly; \$61,000 if single, head of household, or qualifying widow(er)	17	
18	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you are filing Form 2555, 2555-EZ, or 4563, or you are excluding income from Puerto Rico, see Pub 970 for the amount to enter.	18	
19	Subtract line 18 from line 17. If zero or less, skip lines 20 and 21, and enter zero on line 22	19	
20	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	20	
21	If line 19 is: <ul style="list-style-type: none"> <li>• Equal to or more than line 20, enter 1.000 on line 21 and go to line 22</li> <li>• Less than line 20, divide line 19 by line 20. Enter the result as a decimal (rounded to at least three places)</li> </ul>	21	
22	Multiply line 16 by line 21. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)	22	
23	<b>Nonrefundable education credits.</b> Enter the amount from line 11 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 49, or Form 1040A, line 31	23	579.

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**Unreimbursed Employee Business Expenses**

**2011**

Attachment Sequence No. **129A**

Department of the Treasury  
Internal Revenue Service (99)

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

Your name	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 2011.

**Caution:** You can use the standard mileage rate for 2011 **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 1997.

**Part II Figure Your Expenses**

1 Complete Part II. Multiply line 8a by 51¢ (.51) for miles driven <b>before</b> July 1, 2011, and by 55.5¢ (.555) for miles driven <b>after</b> June 30, 2011. Add the amounts, then enter the result here	<b>1</b>	<b>3,159.</b>
2 Parking fees, tolls, and transportation, including train, bus, etc, that <b>did not</b> involve overnight travel or commuting to and from work	<b>2</b>	<b>1,652.</b>
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment	<b>3</b>	
4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment	<b>4</b>	
5 Meals and entertainment expenses: \$ _____ 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.)	<b>5</b>	
6 <b>Total expenses.</b> Add lines 1 through 5. Enter here and on <b>Schedule A (Form 1040), line 21</b> (or on <b>Schedule A (Form 1040NR), line 7</b> ). (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.)	<b>6</b>	<b>4,811.</b>

**Part III 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) ▶ 01/01/2011

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

a Business 5,930    b Commuting (see instr) 1,205    c Other 8,417

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

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

Form 2106-EZ (2011)

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Schedule A

Line 21 statement - Unreimbursed employee expenses

<u>Deductible expenses from Form 2106</u>	<u>4,811.</u>
<u>Professional Subscriptions</u>	<u>305.</u>
<u>Uniforms and protective clothing</u>	<u>1,363.</u>
<u>CELLULAR AND ONLINE SERVICE</u>	<u>1,485.</u>

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# 2011 W-2 and EARNINGS SUMMARY

Safe, accurate, **efile** Visit the IRS Web Site  
 'AST! Use at [www.irs.gov/efile](http://www.irs.gov/efile)

## Employee Reference Copy W-2 Wage and Tax Statement 2011

1 Control number 004554 NCN3/8FL Dept. Dept. Corp. A Employer use only 6284

2 Employer's name, address, and ZIP code  
**FLORIDA INTERNATIONAL UNIVERSITY**  
 11200 SW 8TH ST  
 MIAMI FL 33199

Batch #01368

a/f Employee's name, address, and ZIP code  
**JAVIER A MUNOZ**  
 14651 SW 10TH ST  
 MIAMI FL 33184

3 Employer's FED ID number	a. Employee's SSA number
1 Wages, tips, other comp. 51750.53	2 Federal income tax withheld 8522.74
3 Social security wages 52517.80	4 Social security tax withheld 2205.75
5 Medicare wages and tips 52517.80	6 Medicare tax withheld 761.51
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
13 Stat emp Ret plan 3rd party sick pay	X
15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2011 pay stub plus any adjustments submitted by your employer.

Gross Pay	53,180.00	Social Security Tax Withheld for 1 of W-2	2205.75	FL State Income Tax	Box 16 of W-2
Fed. Income Tax Withheld	8522.74	Medicare Tax Withheld	761.51	State	Box 14 of W-2

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement:

Wages, Tips, other Compensation	Social Security Wages	Medicare Wages	FL State Wages, Tips, Etc.
Box 1 of W-2	Box 3 of W-2	Box 5 of W-2	Box 16 of W-2

Gross Pay	53,180.00	53,180.00	53,180.00
Less Misc. Non Taxable Comp.	767.27	N/A	N/A
Less Other Code 125	662.20	662.20	662.20
<b>Reported W-2 Wages</b>	<b>51,750.53</b>	<b>52,517.80</b>	<b>52,517.80</b>

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

**JAVIER A MUNOZ**  
 14651 SW 10TH ST  
 MIAMI FL 33184

Taxable Marital Status: SINGLE  
 Exemptions/Allowances:  
 FEDERAL: 0  
 STATE: No State Income Tax

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Fold and Detach Here

1 Wages, tips, other comp. 51750.53	2 Federal income tax withheld 8522.74
3 Social security wages 52517.80	4 Social security tax withheld 2205.75
5 Medicare wages and tips 52517.80	6 Medicare tax withheld 761.51

d Control number 004554 NCN3/8FL Dept. Dept. Corp. A Employer use only 6284

c Employer's name, address, and ZIP code  
**FLORIDA INTERNATIONAL UNIVERSITY**  
 11200 SW 8TH ST  
 MIAMI FL 33199

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other	12b
	12c
	12d
13 Stat emp Ret plan 3rd party sick pay	X

e/f Employee's name, address and ZIP code  
**JAVIER A MUNOZ**  
 14651 SW 10TH ST  
 MIAMI FL 33184

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## Federal Filing Copy W-2 Wage and Tax Statement 2011

1 Wages, tips, other comp. 51750.53	2 Federal income tax withheld 8522.74
3 Social security wages 52517.80	4 Social security tax withheld 2205.75
5 Medicare wages and tips 52517.80	6 Medicare tax withheld 761.51

d Control number 004554 NCN3/8FL Dept. Dept. Corp. A Employer use only 6284

c Employer's name, address, and ZIP code  
**FLORIDA INTERNATIONAL UNIVERSITY**  
 11200 SW 8TH ST  
 MIAMI FL 33199

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
13 Stat emp Ret plan 3rd party sick pay	X

e/f Employee's name, address and ZIP code  
**JAVIER A MUNOZ**  
 14651 SW 10TH ST  
 MIAMI FL 33184

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## FL State Reference Copy W-2 Wage and Tax Statement 2011

1 Wages, tips, other comp. 51750.53	2 Federal income tax withheld 8522.74
3 Social security wages 52517.80	4 Social security tax withheld 2205.75
5 Medicare wages and tips 52517.80	6 Medicare tax withheld 761.51

d Control number 004554 NCN3/8FL Dept. Dept. Corp. A Employer use only 6284

c Employer's name, address, and ZIP code  
**FLORIDA INTERNATIONAL UNIVERSITY**  
 11200 SW 8TH ST  
 MIAMI FL 33199

7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a
14 Other	12b
	12c
	12d
13 Stat emp Ret plan 3rd party sick pay	X

e/f Employee's name, address and ZIP code  
**JAVIER A MUNOZ**  
 14651 SW 10TH ST  
 MIAMI FL 33184

15 State Employer's state ID no. FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

## FL State Filing Copy W-2 Wage and Tax Statement 2011



**FedLoan Servicing**  
P.O. Box 69184 Harrisburg, PA 17105-2461  
Toll-free 1-800-699-2908 • TDD 717-722-8189  
Fax 717-720-1628 • International 717-720-1985

JAVIER MUNOZ

Account #:

THIS DOCUMENT IS FOR YOUR INFORMATION ONLY

### STUDENT LOAN INTEREST SUMMARY

Below is the tax information you requested for the 2011 tax year:

- Amount of student loan interest received by us for loans we service on behalf of the U.S. Department of Education: \$557.46

This amount does include payments you made toward loan origination fees and/or capitalized interest on loans made before September 1, 2004.

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### WHAT THIS MEANS TO YOU

- You may be able to deduct some or all of the student loan interest referenced above on your income tax return.
- The above amount shows the interest received by us during the year on one or more student loans made to you. For loans made on or after September 1, 2004, this amount must include payments you made toward loan origination fees and capitalized interest. If your loan was made before September 1, 2004, you may be able to deduct payments you made toward loan origination fees and capitalized interest that is not reflected in the above amount.

### ADDITIONAL INFORMATION YOU MAY FIND HELPFUL

The U.S. Department of Education's Federal Identification Number, or EIN, is: **52-1198289**

If you have any questions on how this information may affect your tax return, you should consult a tax advisor or contact the IRS at 1-800-829-1040 or [www.irs.gov](http://www.irs.gov).



**IMPORTANT TAX INFORMATION ENCLOSED**

0058860 01 AT 0.371 \*\*A1170 707943 33184-311665 -C01-I -P58918



JAVIER MUNOZ  
14651 SW 10th St.  
Miami, FL 33184-3116

**Active Loan Mortgage Interest Statement**

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**INSTRUCTIONS FOR PAYER/BORROWER**

A person (including a financial institution, a governmental unit, and a cooperative housing corporation) who is engaged in a trade or business and, in the course of such trade or business, received from you at least \$600 of mortgage interest (including certain points) on any one mortgage in the calendar year must furnish this statement to you.

If you received this statement as the payer of record on a mortgage on which there are other borrowers, furnish each of the other borrowers with information about the proper distribution of amounts reported on this form. Each borrower is entitled to deduct only the amount he or she paid and points paid by the seller that represent his or her share of the amount allowable as a deduction. Each borrower may have to include in income a share of any amount reported in box 3.

If your mortgage payments were subsidized by a government agency, you may not be able to deduct the amount of the subsidy. See the instructions for Form 1040, Schedule A, C, or E for how to report the mortgage interest. Also, for more information, see Pub. 936 and Pub. 535.

**Account number.** May show an account or other unique number the lender has assigned to distinguish your account.

**Box 1.** Shows the mortgage interest received during the year. This amount includes interest on any obligation secured by real property, including a home equity, line of credit, or credit card loan. This amount does not include points, government subsidy payments, or seller payments on a "buy-down"

mortgage. Such amounts are deductible by you only in certain circumstances. **Caution:** If you prepaid interest in 2011 that accrued in full by January 15, 2012, this prepaid interest may be included in box 1. However, you cannot deduct the prepaid amount in 2011 even though it may be included in box 1. If you hold a mortgage credit certificate and can claim the mortgage interest credit, see Form 8396. If the interest was paid on a mortgage, home equity, line of credit, or credit card loan secured by your personal residence, you may be subject to a deduction limitation.

**Box 2.** Not all points are reportable to you. Box 2 shows points you or the seller paid this year for the purchase of your principal residence that are required to be reported to you. Generally, these points are fully deductible in the year paid, but you must subtract seller-paid points from the basis of your residence. Other points not reported in box 2 may also be deductible. See Pub. 936 to figure the amount you can deduct.

**Box 3.** Do not deduct this amount. It is a refund (or credit) for overpayment(s) of interest you made in a prior year or years. If you itemized deductions in the year(s) you paid the interest, you may have to include part or all of the box 3 amount on the "Other income" line of your 2011 Form 1040. No adjustment to your prior year(s) tax return(s) is necessary. For more information, see Pub. 936 and *Itemized Deduction Recoveries* in Pub. 525.

**Box 4.** Shows mortgage insurance premiums which may qualify to be treated as deductible mortgage interest. See the Schedule A (Form 1040) instructions.

**Box 5.** The interest recipient may use this box to give you other information, such as the address of the property that secures the debt, real estate taxes, or insurance paid from escrow.

CORRECTED (if checked)

RECIPIENT'S/LENDER'S name, address, and telephone number BANK OF AMERICA, N.A. CUSTOMER SERVICE PO BOX 5170 SIMI VALLEY, CA 93062-5170 (800) 669-6607		* Caution: The amount shown may not be fully deductible by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you may only deduct interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.	OMB No. 1545-0901  <b>2011</b>  Form 1098	<b>Mortgage Interest Statement</b>
RECIPIENT'S federal identification no. 94-1687665	PAYER'S social security number	<b>1</b> Mortgage interest received from payer(s)/borrower(s)* \$ 10,577.81	<b>Copy B For Payer/Borrower</b> The information in boxes 1, 2, 3, and 4 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report this refund of interest on your return.	
PAYER'S/BORROWER'S name, Street address (including apt. no.), City, state, and ZIP code  JAVIER MUNOZ		<b>2</b> Points paid on purchase of principal residence \$ 0.00		
		<b>3</b> Refund of overpaid interest \$ 0.00		
		<b>4</b> Mortgage insurance premiums \$ 0.00		
Account number (see instructions)		<b>5</b>		



**OFFICIAL RECEIPT**  
MIAMI-DADE COUNTY-FLORIDA

No. 6741197

RECEIVED FROM Javier Muñoz  
 ADDRESS 14651 SW 10<sup>TH</sup> Street  
 STREET ADDRESS  
Miami CITY FL STATE 33184 ZIP

DATE 6 / 1 / 12  
 MONTH DAY YEAR

CASH \$ \_\_\_\_\_

CHECKS \$ 360 . 00

AMOUNT OF: Three Hundred Sixty DOLLARS, AND 00/100 CENTS TOTAL \$ 360 . 00

FOR PAYMENT OF: Qualifying Fee - Commission District II

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections BY: Anne Yomasse Innocent

**FOR OFFICE USE ONLY**

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Javier Muñoz Campaign Account 095

6/1/2012 Date 63-751/631 10929

Pay to the Order of: Board of County Commissioners \$ 360.00

Three Hundred and Sixty Dollars 00/100 Dollars

WELLS FARGO Wells Fargo Bank, N.A. Florida wellsfargo.com

For: Qualifying Fee - Javier Muñoz

District II

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