

CANDIDATE OATH -  
SCHOOL BOARD  
NONPARTISAN OFFICE

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

OFFICE USE ONLY

OATH OF CANDIDATE

(Sections 99.021 and 105.031, Florida Statutes)

I, Aster Bato Mohamed

(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 Miami-Dade<sup>County</sup> School Board, 7,  
(office) (district #)

          ,           ; I am a qualified elector of Miami-Dade County, Florida;  
(circuit #) (group or seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; 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 school board 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 Aster Bato Mohamed (305)491-8993 vote4aster@gmail.com  
Signature of Candidate Telephone Number Email Address

7960 SW 145 Avenue Miami Florida 33183  
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109330753

\* 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):

Astair Bato Mohamed

STATE OF FLORIDA

COUNTY OF Miami Dade

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of June, 2016.

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

Produced Identification:           

Type of Identification Produced:           

Signature of Notary Public  
Print Name of Notary Public  
**ANNE VANESSA INNOCENT**  
Notary Public - State of Florida  
My Comm. Expires Jun 2, 2018  
Commission # FF 116919

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

**OF FINANCIAL INTERESTS**

**RECEIVED FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

Mohamed, Aster Bato

MAILING ADDRESS:

7960 SW 145 Avenue

CITY: **Miami** ZIP: **33183** COUNTY: **Miami Dade**

NAME OF AGENCY: **Miami-Dade School Board**

NAME OF OFFICE OR POSITION HELD OR SOUGHT: *Miami Dade County School Board District 7*

CHECK IF THIS IS A FILING BY A CANDIDATE

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

**PART A -- NET WORTH**

Please enter the value of your net worth as of December 31, 2015 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 May 31, 2016 was \$ 419,502.29

**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, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 55,000.00

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

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Personal Residence: 7960 SW 145 Avenue, Miami, FL 33183	\$342,285
Retirement Account - Thrivent Financial, 4321 N Ballard Rd. Appleton, WI 54919	\$ 86,604.17
Retirement Account - Bencor 4333 Edgewood Rd. N.E, Cedar Rapids, IA 52499	\$ 31,473.44
Checking/Saving Account - South Florida Educational Federal Credit Union	\$8,184.05

**PART C -- LIABILITIES**

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Home Mortgage - TD Bank, P. O. Box 5400, Lewiston, ME 04243-5400	\$101,038.54
South FL Educational Federal Credit Union Visa	\$2,038.18

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	N/A

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2015 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2015 federal income tax return and all W2's, schedules, and attachments.  
 [(If you check this box and attach a copy of your 2015 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

**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 6]**

	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			

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 ELECTIONS DEPARTMENT

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

STATE OF FLORIDA  
 COUNTY OF Miami-Dade

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.

Sworn to (or affirmed) and subscribed before me this 6<sup>th</sup> day of

June, 2016 by Aster Bata Mohamed

Anne Vanessa Innocent  
 (Signature of Notary Public--State of Florida)

ANNE VANESSA INNOCENT  
 (Print, Type, or Stamp Commissioned Notary Public - State of Florida  
 My Comm. Expires Jun 2, 2018  
 Commission # FF 116919)

Aster Bata Mohamed  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known \_\_\_\_\_ OR \_\_\_\_\_  
 Type of Identification Produced Driver License



If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

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

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

# 2015

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

CU1996823-11A1996615

CU1996823-11A1996615

Box 1. Name <b>ASTER MOHAMED</b>		Box 2. Beneficiary's Social Security Number <div style="background-color: black; width: 100px; height: 15px;"></div>														
Box 3. Benefits Paid in 2015 <p style="text-align: center;">\$28,894.80</p>	Box 4. Benefits Repaid to SSA in 2015 <p style="text-align: center;">NONE</p>	Box 5. Net Benefits for 2015 (Box 3 minus Box 4) <p style="text-align: center;">\$28,894.80</p>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; padding: 2px;">DESCRIPTION OF AMOUNT IN BOX 3</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Paid by check or direct deposit</td> <td style="text-align: right; padding: 2px;">\$24,872.40</td> </tr> <tr> <td style="padding: 2px;">Medicare Part B premiums deducted from your benefits</td> <td style="text-align: right; padding: 2px;">\$1,258.80</td> </tr> <tr> <td style="padding: 2px;">Voluntary Federal income tax withheld</td> <td style="text-align: right; padding: 2px;">\$2,763.60</td> </tr> <tr> <td style="padding: 2px;">Total Additions</td> <td style="text-align: right; padding: 2px;">\$28,894.80</td> </tr> <tr> <td style="padding: 2px;">Benefits for 2015</td> <td style="text-align: right; padding: 2px;">\$28,894.80</td> </tr> </tbody> </table>		DESCRIPTION OF AMOUNT IN BOX 3		Paid by check or direct deposit	\$24,872.40	Medicare Part B premiums deducted from your benefits	\$1,258.80	Voluntary Federal income tax withheld	\$2,763.60	Total Additions	\$28,894.80	Benefits for 2015	\$28,894.80	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">DESCRIPTION OF AMOUNT IN BOX 4</th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 2px;">NONE</td> </tr> </tbody> </table> <div style="padding: 5px;"> <p>Box 6. Voluntary Federal Income Tax Withheld</p> <p style="text-align: center;">\$2,763.60</p> </div> <div style="padding: 5px;"> <p>Box 7. Address</p> <p>ASTER MOHAMED              7960 SW 145 AVE              MIAMI FL 33183-2924</p> </div> <div style="padding: 5px;"> <p>Box 8. Claim Number (Use this number if you need to contact SSA.)</p> <div style="background-color: black; width: 100px; height: 15px;"></div> </div>	DESCRIPTION OF AMOUNT IN BOX 4	NONE
DESCRIPTION OF AMOUNT IN BOX 3																
Paid by check or direct deposit	\$24,872.40															
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Benefits for 2015	\$28,894.80															
DESCRIPTION OF AMOUNT IN BOX 4																
NONE																

Form SSA-1099-SM (1-2016)

**DO NOT RETURN THIS FORM TO SSA OR IRS**

3/24

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

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CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>MIAMI DADE COUNTY          ELECTIONS DEPARTMENT</b> FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000		1 Gross distribution \$ 21,707.28	OMB No. 1545-0119 <b>2015</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number [REDACTED]		2a Taxable amount \$ 21,707.28	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S name ASTER B MOHAMED 7960 SW 145TH AVE MIAMI, FL 33183-2924		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 2,449.68	Copy C For Recipient's Records  This information is being furnished to the Internal Revenue Service.
RECIPIENT'S identification number [REDACTED]		5 Employee contributions \$ 0.00	6 Net unrealized appreciation in employer's securities \$	
10 Amount allocable to IRR within 5 years \$		7 Distribution code(s) 7	8 Other \$ %	
11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$ 0.00	
Account number (see instructions) [REDACTED]		12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R (keep for your records)

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>THRIVENT FINANCIAL FOR LUTHERANS 4321 N BALLARD ROAD APPLETON, WI 54919 800 847-4836</b>		1 Gross distribution <b>\$3,511.11</b>	OMB No. 1545-0119 <b>2015</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S federal identification number [REDACTED]		2a Taxable amount <b>\$3,511.11</b>	2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>ASTER B MOHAMED 7960 SW 145TH AVE MIAMI, FL 33183-2924</b>		3 Capital gain (included in box 2a)	4 Federal income tax withheld <b>\$351.11</b>	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
RECIPIENT'S identification number [REDACTED]		5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	7 Distribution code(s) <b>7</b> IRA / SEP / SIMPLE <input checked="" type="checkbox"/>	8 Other %
Account number (see instructions) [REDACTED]		12 State tax withheld	9a Your percentage of total distribution %	9b Total employee contributions
		13 State/Payer's state no. <b>FL</b>	14 State distribution <b>\$3,511.11</b>	
		15 Local tax withheld	16 Name of locality	17 Local distribution

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>THRIVENT FINANCIAL FOR LUTHERANS 4321 N BALLARD ROAD APPLETON, WI 54919 800 847-4836</b>		1 Gross distribution <b>\$3,511.11</b>	OMB No. 1545-0119 <b>2015</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
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RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code <b>ASTER B MOHAMED 7960 SW 145TH AVE MIAMI, FL 33183-2924</b>		3 Capital gain (included in box 2a)	4 Federal income tax withheld <b>\$351.11</b>	Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S identification number [REDACTED]		5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities	
10 Amount allocable to IRR within 5 years		11 1st year of desig. Roth contrib.	7 Distribution code(s) <b>7</b> IRA / SEP / SIMPLE <input checked="" type="checkbox"/>	8 Other %
Account number (see instructions) [REDACTED]		12 State tax withheld	9a Your percentage of total distribution %	9b Total employee contributions
		13 State/Payer's state no. <b>FL</b>	14 State distribution <b>\$3,511.11</b>	
		15 Local tax withheld	16 Name of locality	17 Local distribution

Form 1099-R www.irs.gov/form1099r Department of the Treasury-Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code TRANSAMERICA RETIREMENT SOLUTIONS CORP 4333 EDGEWOOD ROAD CEDAR RAPIDS, IA 52499		1 Gross distribution \$1,211.65	OMB No. 1545-0119 <b>2015</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
FOR QUESTIONS CALL 888-258-3422		2a Taxable amount \$1,211.65	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld \$121.17		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code MOHAMED ASTER B 7960 SW 145 AVENUE MIAMI, FL 33183	450DTB	5 Employee contributions/Designated Roth contributions or insurance premiums	6 Net unrealized appreciation in employer's securities		
Account number (see instructions)		7 Distribution code(s) 7	IRA / SEP / SIMPLE <input type="checkbox"/>	8 Other %	
10 Amount allocable to IRR within 5 years	11 1st year of desig. Roth contrib.	9a Your percentage of total distribution %	9b Total employee contributions		
		12 State tax withheld	13 State/Payer's state no. FL		14 State distribution
		15 Local tax withheld	16 Name of locality		17 Local distribution

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code TRANSAMERICA RETIREMENT SOLUTIONS CORP 4333 EDGEWOOD ROAD N.E. CEDAR RAPIDS, IA 52499		1 Gross distribution \$1,211.65	OMB No. 1545-0119 <b>2015</b> Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
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PAYER'S federal identification number	RECIPIENT'S identification number	3 Capital gain (included in box 2a)	4 Federal income tax withheld \$121.17		Copy 2 File this copy with your state, city, or local income tax return, when required.
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		12 State tax withheld	13 State/Payer's state no. FL		14 State distribution
		15 Local tax withheld	16 Name of locality		17 Local distribution

Form 1099-R

www.irs.gov/form1099r

Department of the Treasury-Internal Revenue Service

Form 1040 Department of the Treasury—Internal Revenue Service (99) U.S. Individual Income Tax Return 2015 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning 2015, ending , 20 See separate instructions.

Your first name and initial ASTER B Last name MOHAMED RECEIVED

If a joint return, spouse's first name and initial Last name 2016 JUN -6 PM 12:39 Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 7960 SW 145 AVENUE MIAMI-DADE COUNTY ELECTIONS DEPARTMENT Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). MIAMI FL 33183 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.

Foreign country name Foreign province/state/country Foreign postal code You Spouse

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 [X] 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. JOHANAH CASTELLON-MOHA 5 Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse Boxes checked on 6a and 6b 1 No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions)

Table with columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qual. for child tax credit (see instr.).

d Total number of exemptions claimed 1

Income section table with rows 7-22. Includes taxable interest, dividends, wages, and social security benefits. Total income: 36,776.

Adjusted Gross Income section table with rows 23-37. Includes educator expenses, health savings account deduction, and other adjustments. Adjusted gross income: 36,776.



ASTER B MOHAMED

38	Amount from line 37 (adjusted gross income)	38	36,776
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. } Total boxes checked <b>1</b> if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. }	39a	1
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,800
41	Subtract line 40 from line 38	41	25,976
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	4,000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	21,976
44	Tax (see instr.). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	2,639
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	2,639
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	2,639
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
60b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	2,639
64	Federal income tax withheld from Forms W-2 and 1099	64	5,686
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	
66b	Nontaxable combat pay election <input type="checkbox"/>	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,686
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	3,047
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	3,047
76b	Routing number <input type="checkbox"/>	76b	
76c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	76c	
76d	Account number <input type="checkbox"/>	76d	
77	Amount of line 75 you want applied to your 2016 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	

**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, \$6,300
  - Married filing jointly or Qualifying widow(er), \$12,600
  - Head of household, \$9,250

**Other Taxes**

**Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

**Direct deposit?** See instructions.

**Third Party Designee**

**Sign Here**

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

**Paid Preparer Use Only**

Firm's name  
Firm's address  
Firm's EIN  
Phone no.

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 TAXPAYER COUNTY ELECTIONS DEPARTMENT

Form <b>1040</b>	<b>Social Security Worksheet</b>	<b>2015</b>
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Name <b>ASTER B MOHAMED</b>	Taxpayer Identification Number <div style="background-color: black; width: 100%; height: 20px;"></div>
--------------------------------	---

2016 JUN -6 PM 12: 39

If you are married filing separately and you lived apart from your spouse for all of 2015:

- Form 1040: Enter "D" to the right of the word "benefits" on line 20a.
- Form 1040A: Enter "D" to the right of the word "benefits" on line 14a.

PRINCE GEORGE COUNTY  
ELECTIONS DEPARTMENT

1. Enter the total amount from box 6 of all your Forms SSA-1099 and Forms RRB-1099 (if applicable) ..... Also enter this amount on Form 1040, line 20a or Form 1040A, line 14a.	1.	<u>28,895</u>
2. Enter one-half of line 1. ....	2.	<u>14,448</u>
3. Add the amounts on Form 1040, lines 7, 8a, 8b, 9a, 10 through 14, 15b, 16b, 17 through 19, and line 21. Also, enter the total of any exclusion/adjustments for Qualified U.S. savings bond interest (Form 8815, line 14), adoption benefits (Form 8839, line 24), foreign earned income or housing (Form 2555, lines 45 and 50), certain income of bona fide residents of American Samoa (Form 4563, line 15) or Puerto Rico .....	3.	<u>26,430</u>
4. Add lines 2 and 3 .....	4.	<u>40,878</u>
5. Enter the total adjustments from Form 1040, line 36, minus any amounts on Form 1040, lines 33, 34, and 35 .....	5.	
6. Subtract line 5 from line 4 .....	6.	<u>40,878</u>
7. Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2015) .....	7.	<u>25,000</u>
8. Subtract line 7 from line 6. If zero or less, enter -0- .....	8.	<u>15,878</u>
• If line 8 is zero, stop here. None of your benefits are taxable. Enter -0- on Form 1040, line 20b or on Form 1040A, line 14b. If you are married filing separately and you lived apart from your spouse for all of 2015, enter -0- on Form 1040, line 20b, or on Form 1040A, line 14b		
• If line 8 is more than zero, go to line 9.		
9. Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time during 2015) .....	9.	<u>9,000</u>
10. Subtract line 9 from line 8. If zero or less, enter -0- .....	10.	<u>6,878</u>
11. Enter the smaller of line 8 or line 9 .....	11.	<u>9,000</u>
12. Enter one half of line 11 .....	12.	<u>4,500</u>
13. Enter the smaller of line 2 or line 12 .....	13.	<u>4,500</u>
14. Multiply line 10 by 85% (.85). If line 10 is zero, enter -0- .....	14.	<u>5,846</u>
15. Add lines 13 and 14 .....	15.	<u>10,346</u>
16. Multiply line 1 by 85% (.85) .....	16.	<u>24,561</u>
17. Taxable benefits. Enter the smaller of line 15 or line 16. Also enter this amount on Form 1040, line 20b or Form 1040A, line 14b. ....	17.	<u>10,346</u>

Note: If part of your benefits are taxable for 2015 and they include benefits paid in 2015 that were for an earlier year, you may be able to reduce the taxable amount shown on the worksheet. See Pub. 915 for details.

Form **1040**

**IRA Distribution Report**

**2015**

Name

**RECEIVED**

Taxpayer Identification Number

ASTER B MOHAMED

2016 JUN -6 PM 12:39

T/S	Payer	Gross Distribution 1099-R Box 1	Taxable Amount 1099-R Box 2a <small>(less rollover amount)</small>
	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT		
A	THRIVENT FINANCIAL FOR LUTHERANS	3,511	3,511
B			
C			
D			
E			
F			
G			
H			
I			
J			
K			
L			
M			
N			
O			
	Taxpayer	3,511	3,511
	Spouse		
	Total	3,511	3,511

	Amount Of Rollover	Federal Withholding	State Withholding	Local Withholding	Traditional IRA Converted to Roth IRA	Original Conversion or Recharacterization	Qualified Roth IRA Distribution
A		351					
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
N							
O							
Tp		351					
Sp							
Total		351					

Name **ASTER B MOHAMED** RECEIVED Taxpayer Identification Number [REDACTED]

2016 JUN -6 PM 12:39

T/S	Payer	Gross Distribution	Rollover	Taxable Amount
A	FLORIDA RETIREMENT SYSTEMS DEPARTMENT	21,707		21,707
B	TRANSAMERICA RETIREMENT SOLUTIONS	1,212		1,212
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
	Taxpayer	22,919		22,919
	Spouse			
	Total	22,919		22,919

NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A			2,450		
B			121		
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
	Taxpayer		2,571		
	Spouse				
	Total		2,571		



