

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

(Not for use by Judicial or School Board 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 Statutes)

**ALFRED SANTAMARIA**

I, \_\_\_\_\_  
(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 COUNTY MAYOR**,  
(OFFICE) (DISTRICT/GROUP/SEAT #)

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

**X**

Signature of Candidate

(305) 477-9336

Telephone Number

santamariacampaign2016@gmail.com

Email Address

Address

City

State

ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): **116264765**

\* 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):

**AL-FRED SAN-TA-MA-REE-AH**

STATE OF FLORIDA

COUNTY OF **MIAMI-DADE**

Sworn to (or affirmed) and subscribed before me this **14<sup>th</sup>** day of **June**, 20 **16**.

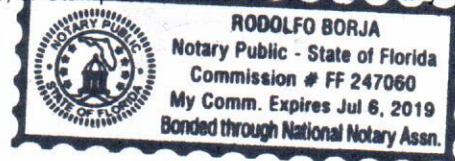
Personally Known: ☒ or

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

Type of Identification Produced: \_\_\_\_\_

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



RESTRICTIONS:

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE.  
The State of Florida retains all property rights herein.



Executive Director *Julie Jones*  
Julie Jones  
Clayton Boyd Walden *Clayton B. Walden*  
Director of Motorist Services  
S071407090236  
Rev Date 09-01-12

[www.flhsmv.gov](http://www.flhsmv.gov)




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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**Florida** *The Sunshine State*  
**DRIVER LICENSE CLASS E**

  
[REDACTED]  
**ALFREDO MARIO  
SANTAMARIA**  
[REDACTED]

DOB: 04-01-1980 SEX: M  
ISSUED: 07-09-2014 HGT: 5-4  
EXPIRES: 04-01-2022  
REST:  
ENDORSE:

*Alfredo*

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



**FORM 6****FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS****2015**

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

**RECEIVED**  
FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

SANTAMARIA - ALFRED

MAILING ADDRESS:

3750 NW 87 AVE

SUITE 520

CITY:

DORAL

ZIP:

33178

COUNTY:

MIAMI-DADE

NAME OF AGENCY:

MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MAYOR - MIAMI DADE COUNTY

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 JUNE 6TH, 20 16 was \$ -205,483.00.**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 \$ 0**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
AUTOMOBILE (MERCEDES BENZ S550 200)	25,000.00
JEWELRY (ROLEX WATCH)	10,000.00
OFFICE EQUIPMENT	5,200.00
FURNITURE	10,500.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
MERCEDES BENZ FINANCIAL BANK : P.O. BOX 685, WESTLAKE, TX 76262	22,257.00
SCHOOL LOANS : SALLIE MAE 102 ARTHUR AVE, PANAMA CITY, FL 32401 ;	-
NAVIENT : P.O. BOX 9635, WILKES BARRE, PA 18773 ;	-
NELNET : 6420 SOUTHPOINT PKWY, JACKSONVILLE, FL 32216	233,427.00

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
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
PLEASE SEE ATTACHED		

### 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 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			

## 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

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 14<sup>th</sup> day of

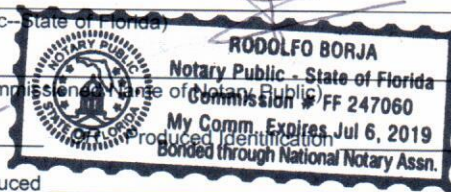
JUNE, 20 16 by ALFRED SANTAMARIA

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commission Name of Notary Public)

Personally Known ☒

Type of Identification Produced



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 ☒



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

Your first name and initial **ALFREDO M** Last name **SANTAMARIA** Your social security number **[REDACTED]**

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **[REDACTED]** 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).

Foreign country name Foreign province/state/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 4 ☐ Head of household (with qualifying person). (See instructions.)  
2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter  
3 ☐ Married filing separately. Enter spouse's SSN above this child's name here. ▶  
Check only one box. 5 ☐ Qualifying widow(er) with dependent child

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a  
b ☐ Spouse Boxes checked on 6a and 6b **1**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)	No. of children on 6c who:
(1) First name	Last name				lived with you
					did not live with you due to divorce or separation (see instructions)
					Dependents on 6c not entered above

d Total number of exemptions claimed Add numbers on lines above **1**

<b>Income</b>	7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	19,828.
	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	7,429.
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	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. List type and amount	21	
	22 Combine the amounts in the far right col for lines 7 through 21. This is your total income	22	27,257.

<b>Adjusted Gross Income</b>	23 Educator expenses	23	
	24 Certain business expenses of reservists, performing artists, and fee-basis gov. 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	525.
	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	525.
	37 Subtract line 36 from line 22. This is your adjusted gross income	37	26,732.

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

38	Amount from line 37 (adjusted gross income)	38	26,732.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1951, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,300.
41	Subtract line 40 from line 38	41	20,432.
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	16,432.
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	2,003.
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	2,003.
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	2,003.
57	Self-employment tax. Attach Schedule SE	57	1,050.
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	
b	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	219.
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	3,272.

## Other Taxes

## Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	1,906.
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC) <input type="checkbox"/> NO	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Additional child tax credit. Attach Form 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 type="checkbox"/> Re-served c <input type="checkbox"/> 8865 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	1,906.

## Refund

Direct deposit? ☐  
See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
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	1,383.
79	Estimated tax penalty (see instructions)	79	17.

## Amount You Owe

## 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

Joint return? ☐  
See instructions. Keep a copy for your records.

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  6/6/16 Your occupation  FIELD DIRECTOR 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 Use Only

Print/Type preparer's name  DIANA JELEN Preparer's signature  Date  6/6/16 Check ☐ if self-employed PTIN  P00766846

Firm's name  JELEN ACCOUNTING SERVICES INC Firm's EIN  26-4299789

Firm's address  8181 NW 36TH STREET SUITE 13AB Phone no.  305-591-9180

MIAMI FL 33166

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MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT



**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Information about Schedule C and its separate instructions is at [www.irs.gov/schedulec](http://www.irs.gov/schedulec).  
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **09**

Name of proprietor

ALFREDO M SANTAMARIA

Social security number (SSN)

**A** Principal business or profession, including product or service (see instructions)  
**CONSULTING SERVICES**

**B** Enter code from instructions  
999999

**C** Business name. If no separate business name, leave blank.

**D** Employer ID no. (EIN), (see instr.)

**E** Business address (including suite or room no.) ►  
City, town or post office, state, and ZIP code

**F** Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

**G** Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No

**H** If you started or acquired this business during 2015, check here . . . . .

**I** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions). . . . . ☐ Yes ☒ No

**J** If "Yes," did you or will you file required Forms 1099? . . . . . ☐ Yes ☐ No

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked . . . . .	<input type="checkbox"/>	<b>1</b>	20,200.
<b>2</b> Returns and allowances . . . . .		<b>2</b>	
<b>3</b> Subtract line 2 from line 1 . . . . .		<b>3</b>	20,200.
<b>4</b> Cost of goods sold (from line 42) . . . . .		<b>4</b>	
<b>5</b> Gross profit. Subtract line 4 from line 3 . . . . .		<b>5</b>	20,200.
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions). . . . .		<b>6</b>	
<b>7</b> Gross income. Add lines 5 and 6 . . . . .		<b>7</b>	20,200.

**Part II Expenses. Enter expenses for business use of your home only on line 30.**

<b>8</b> Advertising . . . . .	<b>8</b>		<b>18</b> Office expense (see instructions) . . . . .	<b>18</b>	656.
<b>9</b> Car and truck expenses (see instructions) . . . . .	<b>9</b>	4,153.	<b>19</b> Pension and profit-sharing plans . . . . .	<b>19</b>	
<b>10</b> Commissions and fees . . . . .	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions) . . . . .	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment . . . . .	<b>20a</b>	
<b>12</b> Depletion . . . . .	<b>12</b>		<b>b</b> Other business property . . . . .	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions) . . . . .	<b>13</b>		<b>21</b> Repairs and maintenance . . . . .	<b>21</b>	
<b>14</b> Employee benefit programs (other than on line 19) . . . . .	<b>14</b>		<b>22</b> Supplies (not included in Part III) . . . . .	<b>22</b>	
<b>15</b> Insurance (other than health) . . . . .	<b>15</b>		<b>23</b> Taxes and licenses . . . . .	<b>23</b>	
<b>16</b> Interest:			<b>24</b> Travel, meals, and entertainment:		
<b>a</b> Mortgage (paid to banks, etc.) . . . . .	<b>16a</b>		<b>a</b> Travel . . . . .	<b>24a</b>	
<b>b</b> Other . . . . .	<b>16b</b>		<b>b</b> Deductible meals and entertainment (see instructions) . . . . .	<b>24b</b>	
<b>17</b> Legal and professional services . . . . .	<b>17</b>	450.	<b>25</b> Utilities . . . . .	<b>25</b>	
			<b>26</b> Wages (less employment credits) . . . . .	<b>26</b>	
			<b>27a</b> Other expenses (from line 48) . . . . .	<b>27a</b>	2,988.
			<b>b</b> Reserved for future use . . . . .	<b>27b</b>	
<b>28</b> Total expenses before expenses for business use of home. Add lines 8 through 27a . . . . .	<b>28</b>		<b>28</b>		12,771.
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7 . . . . .	<b>29</b>		<b>29</b>		7,429.
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . .	<b>30</b>		<b>30</b>		
<b>31</b> Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	<b>31</b>		<b>31</b>		7,429.

**32** If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
- If you checked 32b, you must attach Form 6198. Your loss may be limited.

- 32a** ☐ All investment is at risk.  
**32b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015



**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35

36 Purchases less cost of items withdrawn for personal use 36

37 Cost of labor. Do not include any amounts paid to yourself 37

38 Materials and supplies 38

39 Other costs 39

40 Add lines 35 through 39 40

41 Inventory at end of year 41

42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ► 04/01/2016

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:  
 a Business 7222 b Commuting (see instr.) 18320 c Other

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

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

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

b If "Yes," is the evidence written? ☒ Yes ☐ No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

Parking and Tolls	1,056.
Telephone	1,140.
Computer and Internet	280.
Laundry and Cleaning	512.
<b>48 Total other expenses.</b> Enter here and on line 27a	<b>2,988.</b>



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

ALFREDO M SANTAMARIA

Social security number of person  
with self-employment income ▶**Section B - Long Schedule SE****Part I Self-Employment Tax****Note.** If your only income subject to self-employment tax is church employee income, see instructions. Also see instructions for the definition of church employee income.**A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

<b>1a</b> Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> Skip lines 1a and 1b if you use the farm optional method (see instructions)	<b>1a</b>	
<b>b</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 Z	<b>1b</b> (	)
<b>2</b> 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. <b>Note.</b> Skip this line if you use the nonfarm optional method (see instructions)	<b>2</b>	7,429.
<b>3</b> Combine lines 1a, 1b, and 2	<b>3</b>	7,429.
<b>4a</b> If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 <b>Note.</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	<b>4a</b>	6,861.
<b>b</b> If you elect one or both of the optional methods, enter the total of lines 15 and 17 here.	<b>4b</b>	
<b>c</b> Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. <b>Exception.</b> If less than \$400 and you had church employee income, enter -0- and continue	<b>4c</b>	6,861.
<b>5a</b> Enter your church employee income from Form W-2. See instructions for definition of church employee income	<b>5a</b>	
<b>b</b> Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0-	<b>5b</b>	
<b>6</b> Add lines 4c and 5b	<b>6</b>	6,861.
<b>7</b> Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015	<b>7</b>	118,500 00
<b>8a</b> Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2 and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11	<b>8a</b>	19,828.
<b>b</b> Unreported tips subject to social security tax (from Form 4137, line 10)	<b>8b</b>	
<b>c</b> Wages subject to social security tax (from Form 8919, line 10)	<b>8c</b>	
<b>d</b> Add lines 8a, 8b, and 8c	<b>8d</b>	19,828.
<b>9</b> Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	<b>9</b>	98,672.
<b>10</b> Multiply the smaller of line 6 or line 9 by 12.4% (.124)	<b>10</b>	851.
<b>11</b> Multiply line 6 by 2.9% (.029)	<b>11</b>	199.
<b>12</b> Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	<b>12</b>	1,050.
<b>13</b> Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	<b>13</b>	525.

**Part II Optional Methods To Figure Net Earnings (see instructions)****Farm Optional Method.** You may use this method only if (a) your gross farm income<sup>1</sup> was not more than \$7,320, or (b) your net farm profits<sup>2</sup> were less than \$5,284.

<b>14</b> Maximum income for optional methods	<b>14</b>	4,880 00
<b>15</b> Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$4,880. Also include this amount on line 4b above	<b>15</b>	

**Nonfarm Optional Method.** You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$5,284 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years.**Caution.** You may use this method no more than five times.

<b>16</b> Subtract line 15 from line 14	<b>16</b>	
<b>17</b> Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above	<b>17</b>	

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.<sup>2</sup> From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.<sup>3</sup> From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.<sup>4</sup> From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.



Form **2210**Department of the Treasury  
Internal Revenue Service**Underpayment of Estimated Tax by  
Individuals, Estates, and Trusts**► Information about Form 2210 and its separate instructions is at [www.irs.gov/form2210](http://www.irs.gov/form2210).

► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0074

**2015**Attachment  
Sequence No. **06**

Name(s) shown on tax return

ALFREDO M SANTAMARIA

Identifying number

**Do You Have To File Form 2210?**

Complete lines 1 through 7 below. Is line 7 less than \$1,000?

Yes

Do not file Form 2210. You do not owe a penalty.

No

Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?

Yes

You do not owe a penalty. Do not file Form 2210 (but if box E in Part II applies, you must file page 1 of Form 2210).

No

You may owe a penalty. Does any box in Part II below apply?

Yes

You must file Form 2210. Does box B, C, or D in Part II apply?

No

No

Yes

You must figure your penalty.

Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **do not file Form 2210**.You are **not** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210**.**Part I Required Annual Payment**

- 1 Enter your 2015 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)
- 2 Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)
- 3 Refundable credits, including the premium tax credit (see instructions)
- 4 Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, **stop**; you do not owe a penalty.

Do not file Form 2210

- 5 Multiply line 4 by 90% (.90)
- 6 Withholding taxes. Do not include estimated tax payments (see instructions)
- 7 Subtract line 6 from line 4. If less than \$1,000, **stop**; you do not owe a penalty. Do not file Form 2210
- 8 Maximum required annual payment based on prior year's tax (see instructions)
- 9 Required annual payment. Enter the **smaller** of line 5 or line 8

Next: Is line 9 more than line 6?

☐

No. You do not owe a penalty. Do not file Form 2210 unless box E below applies.

☒

Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.

- If box B, C, or D applies, you must figure your penalty and file Form 2210.
- If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. You are **not** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

**Part II Reasons for Filing.** Check applicable boxes. If none apply, do not file Form 2210.

- A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty.
- B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210
- C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E ☐ You filed or are filing a joint return for either 2014 or 2015, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you are **not** required to figure your penalty (unless box B, C, or D applies).

For Paperwork Reduction Act Notice, see separate instructions.

Form **2210** (2015)