RECEIVED 2016 JUN 10 PM 5: 19 2016 JUN 10 PM 5: 19 MADI-DADE COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY OATH OF CANDIDATE Sections 99.021 and 106.031, Florida Statutes) MADI-DADE COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY OATH OF CANDIDATE Sections 99.021 and 106.031, Florida Statutes) MARI-DADE COUNTY ELECTIONS DEPARTMENT OFFICE USE ONLY OATH OF CANDIDATE Sections 99.021 and 106.031, Florida Statutes) MARI-DADE COUNTY ELECTIONS DEPARTMENT (district 7) (district 7)		
School BOARD NONPARTISAN OFFICE       2016 JUN 10 PM 5: 19 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT         OFFICE USE ONLY         COLSPONDIDATE (Sections 99.021 and 105.031, Florida Statules)         MARY: Colspan="2">Constructions 99.021 and 105.031, Florida Statules)         MARY: Colspan="2">Constructions 99.021 and 105.031, Florida Statules)         MARY: Colspan="2">Constructions 99.021 and 105.031, Florida Statules)         (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 back County, Florida; (clrcuit #)         (Group or seat #)         am a qualified elector of Miami back County, Florida; (clrcuit #)         (group or seat #)         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 flam 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 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 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 Const		RECEIVED
PERCENTIAL STATES AND	SCHOOL BOARD	2016 JUN 10 PM 5: 19
OFFICE USE ONLY         OATH OF CANDIDATE (Sections 99.021 and 105.031, Florida Statutes)         Marie Teresa Rojas (PLEASE PRINT NAME AS YOU WIGH 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 backe County (clrouit #)         (Group or seat #)         am qualified elector of Miami Dacke County (clrouit #)         (group or seat #)         am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or school Doard (office) Member         am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or sconcurrent 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.         XMark Law	NONFARTISAN OFFICE	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
(Sections 99.021 and 105.031, Florida Statutes) Maria Teresa Rojas (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 bade County (district #) (circuit #) (group or seat #) am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or plected; 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 ecipient of public funds as such employee or officer, do hereby solemnty swear or affirm that I will support the Constitution of the United States and of the State of Florida. X Maria Laws (1780 719-0584 MTROJAST) bot main Signature of Candidate Telephone Number Email Address		LAURE PARTY OF
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	Address City	State <sup>/</sup> ZIP Code
	STATE OF FLORIDA	
TATE OF FLORIDA	OUNTY OF MAAnne-Dade	
	Notary Public - St	late of Florida
COUNTY OF Aliani-Dade	Personally Known: Commission #	FF 106333 Signature of Notary Public
Sworn to (or affirmed) and structure before many Public - State of Florida Personally Known:	Produced Identification:	Print, Type, or Stamp Commissioned Name of Notary Public
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CANDIDATE OATH - SCHOOL BOARD	2016 JUN 10 PM 5: 34
NONPARTISAN OFFIC	E MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
	OFFICE USE ONLY
(5	OATH OF CANDIDATE Sections 99.021 and 105.031, Florida Statutes)
1. Mari Tere	Roias
	PEAR ON THE BALLOT * NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)
am a candidate for the nonpartisan office	School Board (office) Member (district #)
;la	ma qualified elector of Miami - Dade County, Florida;
(circuit #) (group or seat #)	
elected; I have qualified for no other p	d the Laws of Florida to hold the office to which I desire to be nominated or public office in the state, the term of which office or any part thereof runs
concurrent with the office I seek; and I h	nave resigned from any office from which I am required to resign pursuant to will support the Constitution of the United States and the Constitution of the
State of Florida.	and support the constitution of the critical clates and the constitution of the
X Maria Lesen Signature of Candidate	byee or officer, do hereby solemnly swear or affirm that I will support the the State of Florida.
Address C	ity State ZIP Code
	100001.414
	umber (located on your voter information card): <u>109076464</u>
with disabilities (see instructions on page	ine below as you wish it to be pronounced on the audio ballot for persons 2 of this form):
Mah-Ree Te	-re RUH-has
STATE OF FLORIDA	10 1101
COUNTY OF Miana Dad	e no principalitation de la companya
	BARBARA HERRERA / the day of June 20/10
Sworn to (or affirmed) at a support per	BARBARA HERRERA day of <u>June</u> , 20 <u>/(e</u> .
Sworn to (or affirmed) at a support per	BARBARA HERRERA / day of 20/le.
Sworn to (or affirmed) at contracting My	BARBARA HERRERA big for Barbara Gay of, 20_/(e. Comm. Expires May 17, 2018 Commission # FF 106333 Barbara Herrera, 20_/(e. Barbara Herrera, 20_/(e.))
Sworn to (or affirmed) a contraction of the second	BARBARA HERRERA big f Giffed Ostale of Lorre, 20 / Ce. Commission # FF 106333 Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public
Sworn to (or affirmed) at the produced Identification:	BARBARA HERRERA base of

Please print or type your name, mailing OF FINANCIAL INTERESTS	E 2015
address, agency name, and position below:	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Rojas, Maria Teresa	
MAILING ADDRESS:	MIL
	NSAL CE
CITY: ZIP: COUNTY: Coral Gables 33134 Miami Dade	RECEIVED 2016 JUN 10 PM 5: 20 MIAMI-DADE COUNTY LECTIONS DEPARTMEN
NAME OF AGENCY : Miami Dade County School Board	SIN SIN
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Miami Dade County School Board Member District 6	TIN
CHECK IF THIS IS A FILING BY A CANDIDATE	
PART A NET WORTH	
Please enter the value of your net worth as of December 31, 2015 or a more current da culated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see	and share a second s
My net worth as of, 20, 20 was \$, 1,340,57	
following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic item	승규는 지원은 것 같은 것 같은 것은 것이 가지 않는 것이 같은 것 같은 것이 가지 않는 것이 많이 봐. 것이 같은 것이 같이 많이
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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 \$	NS; art objects; household equipment and VALUE OF ASSET 1,559,819
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I elect to file a copy of my [If you check this box and	y 2015 federal income tax return d attach a copy of your 2015 tax r	and all W2's return, you n	, schedules, and attachments. eed not complete the remainder of	f Part D.]		
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#### Rojas, Maria Teresa Form 6 - May 31, 2016

#### PART B - ASSETS

Description of Asset	Value of Asset
Residence -	750,000
Apartment - 19201 Collins Ave, Apt 310, Sunny Isles, FL	250,000
Bank Account - City National Bank	15,800
Bank Account - Dade County School Employees	6,000
Retirement Funds - Dade County School Board	446,592
IRA	91,427
TOTAL	1,559,819

2016 JUN 10 PM 5: 20 MIAMI-DADE COUNTY LECTIONS DEPARTMENT RECEIVED

- A . A	and the second s	or other tax year beginnin		, 2	015, ending	. 20			separate instr	
our first name and	initial		Last name				-	Your so	ocial security nu	mber
INRIQUE		and tobala	ROJAS							
a joint return, spou	ise's first	name and initial	Last name ROJAS				-	Spouse	's social securi	y number
ARIA T.	her and a	street). If you have a F		tructions		I Ant	. no.			
Ionie address (num	Der anu a	street). It you have a t	.0. 00A, 366 ins	000000		- Apr	. 110.		ke sure the SSN d on line 6c are	
ity, town or post office	state and	I ZIP code If you have a	foreign address, als	to complete spaces below.			-		ential Election C	
ing i suit si pesi silos	, ordino, tarre	1 Ell 3030, il journero d'	iorongin and another and					Check if filing	here if you, or y jointly, want \$3	our spouse to go to
oreign country nam	10		F	oreign province/state/county		Foreign post	al code	this fur	nd. Checking a t t change your ta	woled xod
oreigh country nam				areign province state county		i oreign post	ai couc			Spouse
	1	Single			4 Head of	f household (wit	h qualifvi			
iling Status	2 X		ly (even if only o	ne had income)		is a child but no				
book only	3	Arried filing sepa				ere. 🕨				
Check only one box,		and full name here	Contraction of the second second second		the second se	ng widow(er) wi	th depen	dent cl	hild	
	6a 🛛 🗙	Yourself. If some	one can claim yo	u as a dependent, do not check	1			)	Boxes checked on 6a and 6b	2
Exemptions	b X	Spouse						J	No. of children	
	c De	pendents:		(2) Dependent's social	(3) De	pendent's onship to	(4)√ if o under ag		on 6c who: lived with you	i
	(1)	⁼irst name	Last name	security number		you	under ag qualifying lax cre		<ul> <li>did not live w you due to divo</li> </ul>	ith
							10.00		or separation (see instruction:	
f more than four dependents, see	-							_	Dependents on	
nstructions and								_	not entered abo	Ve
check here 🕨 🔔							1		Add numbers	
							2	in the second	above	2
ncome				s) W-2			3 7	1	¥ 46,	699
	8a T	axable interest. Attac	h Schedule B if r	required	1 21 1		- 83			118.
Attach Form(s)				n line 8a			- 22	2 5	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
W-2 here. Also				if required						
attach Forms W-2G and	b Q	ualined dividends	e or offecte of e	tate and legal income tower	90		022	-	CE	
1099-R if tax				tate and local income taxes				~	-	
was withheld.	11 A 12 B	usiness income or //o	ee) Attach Sch	edule C or C-EZ	*****************	••••••				
	13 C	anital gain or (loss) 4	ttach Schedule	D if required. If not required, ch	eck here				<u>n</u>	
If you did not	14 0	ther gains or (losses)	Attach Form 47	797			1 International		5 0	
get a W-2, see instructions.	15a IF	A distributions	1 1	5a		unt			5	-
soo mon donono.	16a P	ensions and annuities	3	6a 159,092.	b Taxable amo	unt			159,	086
				os, S corporations, trusts, etc. A				_		0.000
				e F						
	19 U	nemployment compe	nsation				19	1		100
	20a S	ocial security benefits		20a  1,822.	b Taxable amo	unt	20	b	1,	549
		ther income. List type		a Alexand plant of the lateral of			21			
				olumn for lines 7 through 21. T		ome	> 22	1	207,	452
	23 E	ducator expenses	of recentiete . early	orming artists, and fee-basis governn	23		120			
Adjusted	24 0	ficials. Attach Form 2106	or 2106-EZ	anning anists, and ree-basis governn	24					
Gross	25 H	ealth savings accoun	t deduction. Atta	ch Form 8889	25					
ncome	26 N	loving expenses. Atta	ch Form 3903		26		_			
				Attach Schedule SE						
				itied plans						
				tion						
				I I	31a		-			
							-			
		tudent loan interest d	The second second second	ominimi minimi minim						
				on Attach Form 9009			_			
	35 D			on. Attach Form 8903	112.11					
	36 A	dd linne 00 Hermuch f	36				36	2		

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

ix and	-	NRIQUE & MARIA T. ROJAS Amount from line 37 (adjusted gross income)			and the second	and the second second	38	Page 2
	· · · · · ·				otal boxes	contraction of the second s		
dard	10.00			D		► 39a		
uction for -		if: <b>Control Spouse</b> was born before Janua If your spouse itemizes on a separate return or you						
eople who k any box							40	17,720.
ne 39a or Of who can	-	Itemized deductions (from Schedule A) or your st					41	189,732.
endent, see								8,000.
uctions.							42	181,732.
		Taxable income. Subtract line 42 from line 41. If					43	37,936.
		Tax. Check if any from: a Form(s) 881		_				57,950.
1.11.11.10							45	
ll others: glé or		Excess advance premium tax credit repayment. Al					46	37,936.
ried filing arately,		Add lines 44, 45, and 46				mananana 🕨	47	
300		Foreign tax credit. Attach Form 1116 if required			48			2016
ried liling tly or		Credit for child and dependent care expenses. Atta			49		2	
lifying		Education credits from Form 8863, line 19			50			JUN 10
ow(er), ,600		Retirement savings contributions credit. Attach Fo		87581C5577501C700E1	51			Nº Z O
d of schold,	52	Child tax credit. Attach Schedule 8812, if required			52			ADOM
250	53	Residential energy credits. Attach Form 5695			53			hrn
	54	Other credits from Form: a 3800 b			54			
	55	Add lines 48 through 54. These are your total cre					55-	12
	56	Subtract line 55 from line 47. If line 55 is more that					56_	
	57	Self-employment tax. Attach Schedule SE					57	Y 20
her	58	Unreported social security and Medicare tax from	Form: a 🛄 🤞	4137 b	8919		58	1
xes	59	Additional tax on IRAs, other qualified retirement	plans, etc. Attac	h Form 5329 if r	equired		59	
	60a	Household employment taxes from Schedule H				mananani	60a	
	b	First-time homebuyer credit repayment. Attach Fo	orm 5405 if requ	ired			60b	
	61	Health care: Individual responsibility (see instruct	tions) Fu	Il-year coverage	X		61	
	62	Taxes from: a Form 8959 b Form 8	3960 c 🛄 In:	st.; enter code(s	)		62	
	63	Add lines 56 through 62. This is your total tax					63	37,936.
ayments	64	Federal income tax withheld from Forms W-2 and	1 1099		64	29,987.		STATEMENT 4
		2015 estimated tax payments and amount applied			65			A CONTRACTOR OF
you have a	66 8	Earned income credit (EIC)			66a			
hild, attach		Nontaxable combat pay election						
chedule EIC.	67	Additional child tax credit. Attach Schedule 8812			67		1	
	1.2.5.1	American opportunity credit from Form 8863, line			68		1	
		Net premium tax credit. Attach Form 8962			69			
	70	Amount paid with request for extension to file		10101000010100100100	70		1	
	71	Excess social security and tier 1 RRTA tax withhe	ald		71		1	
	72	Credit for federal tax on fuels. Attach Form 4136			72		1	
	73	Credits from Form: a 2439 b Reserved			73			and the second sec
	74	Add lines 64, 65, 66a, and 67 through 73. These	C	avments		at an	74	29,987.
efund	75	If line 74 is more than line 63, subtract line 63 fro					75	
	70	a Amount of line 75 you want refunded to you. If F					76a	
ect deposit?		Routing ► c Type: Check			V seconder			
e Intructions.		Amount of line 75 you want applied to your 201			77		-	
mount	77	Amount you owe. Subtract line 74 from line 63.			the second se		78	8,032.
mount ou Owe	78				79	83		
hird Parl	79	Estimated tax penalty (see instructions) Do you want to allow another person to discuss thi	ie rature with the		the second se	Yes. Complete b	elow	No
esignee		esignee's <b>EDUARD A BALTAR CF</b>		Phone Phone	305-37	3-0123	Persor	nal identification 🛌
	n	Under constition of partium, I declare that I have examined t	this return and acco	mpanying schedul	es and statemen	ts, and to the best of m	iy knowle	er (PIN) edge and belief, they are true,
ign		correct, and complete. Declaration of preparer (other than t	taxpayer) is based o	on all information of	f which preparer	has any knowledge.		aytime phone number
ere Int return7	1	Your signature	Date	Your occupation			20	A NOTE COLUMN TRADUCT
e instructions.		Spouse's signature. If a joint return, both must sign.	Date	Spouse's accup				the IRS sent you an Identity
ep a copy your		Spouse's signature. If a joint return, Doth must sign.	Date	100000000000000000000000000000000000000		T ACCTON	Pre	otection PIN,
ords.			100 100 100 100 100 100 100 100 100 100	ADMINIS	1		1	nter it here
	Pri	nt/Type preparer's name Preparer	r's signature		Date	Check	T a	PTIN
And at						self-employed		
	1				04100			
		DUARD A. BALTAR			04/18/			

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.

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

Attachment Sequence No. 06 Identifying number

20

OMB No. 1545-0074

5

Name(s) shown on tax return

#### ENRIQUE & MARIA T. ROJAS

## 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 no	owe a	penalty.
	No				MIAM	RE
Complete line 9?	lines 8 and 9 below. Is line 6 equal to or more than	Yes	+	You do not owe a penalty. <b>Do not</b> (but if box E in Part II applies, you Form 2210).	musente	n 2210 🔿
	No No			Tomizerok	EPAR	3 <
You may	owe a penalty. Does any box in Part II below apply?	Yes	->	You must file Form 2210. Does bo	×	or Dan Part II apply?
	No			No Yes Yo	u must	figure your penalty,
penalty be unpaid an Part IV as	e Form 2210. You are not required to figure your ecause the IRS will figure it and send you a bill for any nount. If you want to figure it, you may use Part III or a worksheet and enter your penalty amount on your tax t do not file Form 2210.			You are not required to figure your figure it and send you a bill for any figure it, you may use Part III or Pa your penalty amount on your tax re Form 2210.	unpaid rt IV as a	amount. If you want to a worksheet and enter
Part I	Required Annual Payment					2.12.017
	your 2015 tax after credits from Form 1040, line 56 (see instruct				1	37,936.
	taxes, including self-employment tax and, if applicable, Additionate Tax (gas instructions)					
	ne Tax (see instructions) dable credits, including the premium tax credit (see instructions)			bistantatamonomionnononnon	2 3 (	
	nt year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; y				4	37,936
	bly line 4 by 90% (.90)					51,550
6 Withh	olding taxes. Do not include estimated tax payments (see instruc	tions)			6	29,987
	act line 6 from line 4. If less than \$1,000, stop; you do not owe a				7	7,949
	num required annual payment based on prior year's tax (see inst				8	39,565
9 Requ	ired annual payment. Enter the smaller of line 5 or line 8				9	34,142
	Is line 9 more than line 6?				1	- 1 4 G M
	<ul> <li>Nou do not owe a penalty. Do not file Form 2210 unless box I fes. You may owe a penalty, but do not file Form 2210 unless on</li> <li>If box B, C, or D applies, you must figure your penalty and file I fox A or E applies (but not B, C, or D) file only page 1 of Form bill for any unpaid amount. If you want to figure your penalty, you page 1 of Form 2210.</li> </ul>	e or more Form 221 m 2210. Y	boxes 0. ′ou are	not required to figure your penalty; the IF		
	Reasons for Filing. Check applicable boxes. If nor					
	You request a waiver (see instructions) of your entire penalty. Yo o figure your penalty.	u must ch	eck thi	s box and file page 1 of Form 2210, but y	ou are no	t required
	You request a waiver (see instructions) of part of your penalty. Yo	ou must fi	iaure v	our penalty and waiver amount and file Fo	rm 2210	
с 🗆 ү	Your income varied during the year and your penalty is reduced o igure the penalty using Schedule AI and file Form 2210.		St. 1	n sen ja kunne intallin ihn ellikusten sin den nen hen hen den den sen en en en en		
DDI	Your penalty is lower when figured by treating the federal income equal amounts on the payment due dates. You must figure your p			configurations of a statement of the sta	actually	withheld, instead of in

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).

LHA For Paperwork Reduction Act Notice, see separate instructions.

## Form 2210 (2015) ENRIQUE & MARIA T. ROJAS

Can You Use the	You can use the short method if:
Short Method?	You made no estimated tax payments (or your only payments were withheld federal income tax), or
	You paid the same amount of estimated tax on each of the four payment due dates.
Must You Use the	You must use the regular method (Part IV) instead of the short method if:
Regular Method?	You made any estimated tax payments late,
	You checked box C or D in Part II, or
	<ul> <li>You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.</li> </ul>

Note. If any payment was made earlier than the due date, you can use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

10	Enter the amount from Form 2210, line 9	10	34,142.
11	Enter the amount, if any, from Form 2210, line 6 11 29,987.		
12	Enter the total amount, if any, of estimated tax payments you made12		
13	Add lines 11 and 12	13	29,987.
14	Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop; you do not owe a penalty.		
	Do not file Form 2210 unless you checked box E in Part II	14	4,155.
15	Multiply line 14 by .02001	15	83.
16	If the amount on line 14 was paid on or after 4/15/16, enter -0	1261	1.1
	• If the amount on line 14 was paid before 4/15/16, make the following computation to find the amount to enter on line 16.		
	Amount on Number of days paid line 14 × before 4/15/16 × .00008	16	ο.
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 79; Form 1040A, line 51; Form 1040NR,	22.0	
2	line 76; Form 1040NR-EZ, line 26; or Form 1041, line 26. Do not file Form 2210 unless you checked a box in Part II 🕨	17	83.
_	inte ro, rothi todowrez, inte zo, or rothi tod i, inte zo. Do not the rothi zz to unless you checked a box in raith	- 17	C J

Form 2210 (2015)

ELECTIONS DEPARTMEN 2016 JUN 10 PM 5: 20 RECEIVED

SCHEDULE A (Form 1040)

#### **Itemized Deductions**

OMB No. 1545-0074 -Π L

Department of the Treasury Internal Revenue Service Name(s) shown on Form 1040 (99) Information about Schedule A and its separate instructions is at www.irs.gov/schedulea
 Attach to Form 1040.

Attachment Sequence No. 07 Your social security number

5

ENRIQUE ·	-	IARIA T. ROJAS	11		
	1	Caution: Do not include expenses reimbursed or paid by others.		m	
and	1	Medical and dental expenses (see instructions)	1	53	0
Dental	2	Enter amount from Form 1040, line 38	121	CA	S 73
Expenses	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before		33	
	1	January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	II-UA	<u> </u>
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter .0		4	
Taxes You	5	State and local (check only one box):		1 Ban	N IN
Paid		a Income taxes, or BEE STATEMENT 9	5	1 207.	m
		b X General sales taxes 5	5411	-1	en 🖯
	6	Real estate taxes (see instructions) SEE STATEMENT 8	6	6 505.	NY
	7	Personal property taxes	7	Z	0
	8	Other taxes. List type and amount			
			8		6. 346
	9	Add lines 5 through 8	mini	9	8,312.
Interest	10	Home mortgage interest and points reported to you on Form 1098 STMT 6	10	6,588.	
You Paid	11	from whom you bought the home, see instructions and show that person's name, identifying no., and address		1000	
Notei					
Note: Your mortgage			11		
interest	12	Points not reported to you on Form 1098. See instructions for special rules	12		
deduction may be limited (see	13	Mortgage insurance premiums (see instructions)	13		
instructions).	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	122	6 500
0.0	15	Add lines 10 through 14	Tanpan In	15	6,588.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	2,520.	STMT 5
Charity	17	Other than by cash or check. If any gift of \$250 or more, see instructions.		200	1100.010
If you made a gift and got a		You must attach Form 8283 if over \$500 SEE STATEMENT 7	17	300.	
benefit for it.	18	Carryover from prior year	18		0 000
see instructions	. 19	Add lines 16 through 18			2,820.
Casualty and Theft Losses					1
	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.			
Miscellaneous		Attach Form 2106 or 2106 EZ if required. (See instructions.)		Charles and the second s	
Deductions		UNION AND PROFESSIONAL DUES 220.		600	
		PROFESSIONAL SUBSCRIPTIONS 460.	21	680.	
	22	Tax preparation fees	22	305.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount SAFE DEPOSIT BOX 40.			
				4.3.	
			23	40.	
	24	Add lines 21 through 23	24	1,025.	
	25	Enter amount from Form 1040, line 38		4	
	26	Multiply line 25 by 2% (.02)	26	4,149.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	0.
Other	28	Other - from list in instructions. List type and amount			
Miscellaneous Deductions				28	
	29	Is Form 1040, line 38, over \$154,950?	10.		
		X No. Your deduction is not limited. Add the amounts in the far right column	)		Provide States
Total		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29	17,720.
		Yes. Your deduction may be limited. See the Itemized Deductions	C . 15.644	ananani	
Itemized					
Itemized Deductions		Worksheet in the instructions to figure the amount to enter.	)		
	30	Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard ded	Juction		
	30	Worksheet in the instructions to figure the amount to enter. If you elect to itemize deductions even though they are less than your standard dec check here			

LHA 519501 01-19-16 For Paperwork Reduction Act Notice, see Form 1040 instructions.

#### SCHEDULE B (Form 1040A or 1040)

### **Interest and Ordinary Dividends**

Attach to Form 1040A or 1040.

Department of the Treas Internal Revenue Service		<ul> <li>PAttach to Form 1040A or 1040.</li> <li>Information about Schedule B and its instructions is at www.lrs.gov/scheduleb</li> </ul>	_			ce No. 08	
Name(s) shown on relure		IARIA T. ROJAS		TOUR	social securi	ty number	
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the	-		A	mount	
Interest		property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address					~~~
		DADE COUNTY FED CREDIT UNION					53.
		SOUTH FLORIDA EDUCATIONAL F.C.U.			-		30.
		SUNTRUST BANK					35.
			_	1	-		
Note: If you received a Form			_				
1099-INT, Form 1099-OID,							
or substitute statement from			-				
a brokerage firm, list the firm's			-				
name as the payer and enter							
the total interest shown on that		What has needed as the	_	-		1	18.
form.	2 3	Add the amounts on line 1 Excludable interest on series EE and I U.S. savings bonds issued after 1989.		2	-	1	10.
	Ű	Attach Form 8815		3			
	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a		4		1	18.
	-	te: If line 4 is over \$1,500, you must complete Part III.	-	-	-	Amount	-
Part II Ordinary	5	List name of payer 🕨			-		-
Dividends						-	
							-
			12		20		
			EC		5	20	-
Note: If you			CTIONS	15	G	TI .	
received a Form 1099-DIV or			Z	ė		0	
substitute			1.00		0	m	
statement from a brokerage firm,			DEPARTME	0	2	<	-
list the firm's name as the			-20	E	c,1	<u> </u>	
payer and enter the ordinary			E	E	N	~	
dividends shown on that form.							
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a		6			
	No	te: If line 6 is over \$1,500, you must complete Part III.					
	Yo	u must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (I	b) had	a fore	ign	Yes	No
Part III	_	count; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			12	100	0.0
Foreign Accounts	74	a At any time during 2015, did you have a financial interest in or signature authority over a fina as a bank account, securities account, or brokerage account) located in a foreign country? S				1.000	x
and		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Acc					
Trusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instruction	ions fo	r filing	)		
	ł	requirements and exceptions to those requirements If you are required to file FinCen Form 114, enter the name of the foreign country where the t					1-00
		is located	100	1.121			
527501 09-24-15	8	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, If "Yes," you may have to file Form 3520. See instructions					x

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

Schedule B (Form 1040A or 1040) 2015

OMB No. 1545-0074

5

ſ,

DOES NOT APPLY

625 Form Department of the Treasury Internal Revenue Service (99)

**Alternative Minimum Tax - Individuals** 

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251. Attach to Form 1040 or Form 1040NR.

OME No. 1545-0074 e 5 L Attachment Sequence No. 32

Your social security number

Name(s) shown on Form 1040 or Form 1040NR

## ENRIQUE & MARIA T. ROJAS

Pa	In T Alternative Minimum Taxable income		
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the		100 720
	amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	189,732.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4,	1.311	
	or 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	0.010
3	Taxes from Schedule A (Form 1040), line 9	3	8,312.
	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	0
	If Form 1040, line 38, is \$154,950 or less, enter -0 Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	74-	8
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	CID	5 2
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	76	E m
17	Disposition of property (difference between AMT and regular tax gain or loss)	TO	20
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	de	o m
19	Passive activities (difference between AMT and regular tax income or loss)	10	3 <
20	Loss limitations (difference between AMT and regular tax income or loss)	200	
21	Circulation costs (difference between regular tax and AMT)	21	ů 🗄
22	Long-term contracts (difference between AMT and regular tax income)	22	N
	Mining costs (difference between regular tax and AMT)	28	
	Research and experimental costs (difference between regular tax and AMT)	24	
	Income from certain installment sales before January 1, 1987	25	
	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is		6.00 M 6.00
	more than \$246,250, see instructions.)	28	198,044.
P	art II Alternative Minimum Tax (AMT)		
29	Exemption. (If you were under age 24 at the end of 2015, see instructions.)		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household \$119,200 \$53,600		
	Married filing jointly or qualifying widow(er) 158,900 83,400	1.1.5	
	Married filing separately 79,450 41,700 STMT 11	29	73,614.
	If line 28 is over the amount shown above for your filing status, see instructions.	100	State of the second
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	124,430.
31	If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured		
	for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here.	31	32,352.
	All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing	1000	
	separately) from the result.	Laure 1	
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	32,352.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any		
P	foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure		
	that tax without using Schedule J before completing this line (see instructions)	34	37,936.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45	35	0.
	481 144 East Department Padication Act Notice and your tay return instructions	-	Form 6251 (2015

For	n 6251 (2015) ENRIQUE & MARIA T. ROJAS		Page 2
Pa	rt III Tax Computation Using Maximum Capital Gains Rates		
	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksh	eet in th	ne instructions.
	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from	1.0.1	and the second sec
	line 3 of the worksheet in the instructions for line 31	36	
	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	1211	
	for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for		
	Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If	1.5	
	you are filing Form 2555 or 2555 EZ, see instructions for the amount to enter	37	
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see		
	instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount	1	
	from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line		
	10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or		
	2555-EZ, see instructions for the amount to enter	39	20
	Enter the smaller of line 36 or line 39	40	6 70
41	Subtract line 40 from line 36	41	
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise,	25	E C
	multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	42	- m -
43	Enter:	RR	
	<ul> <li>\$74,900 if married filing jointly or qualifying widow(er),</li> </ul>	PAG	₽ ≤
	\$37,450 if single or married filing separately, or	492	és 🛄
	• \$50,200 if head of household.	M	NO
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	H	
	for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for	2	
	Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either		
	worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter 0. If you	1.1	
	are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
46	Enter the smaller of line 36 or line 37	46	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	
48	Subtract line 47 from line 46	48	
49	Enter:		
	\$413,200 if single     \$232,425 if married filing separately	1.0	
	• \$464,850 if married filing jointly or qualifying widow(er)	49	
	• \$439,000 if head of household	0.5	
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions	100	
	for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies		
	(as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the		
	amount from Form 1040, line 43; if zero or less, enter ·0 If you are filing Form 2555 or Form 2555 EZ,		
50	see instructions for the amount to enter	51	
52	Add line 50 and line 51	52	
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	
54	Enter the smaller of line 48 or line 53	54	
55	Multiply line 54 by 15% (.15)	55	
00	Add lines 47 and 54 If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	56	
57		57	
		57 58	
00	Multiply line 57 by 20% (.20) If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	50	
50	그는 것은 것을 수 있는 것을 잘 알았는 것을 가지 않는 것을 수 있는 것을 다 가지 않는 것을 하는 것을 하는 것을 하는 것을 것을 수 있는 것을 것을 하는 것을 수 있다. 것을 하는 것을 수 있다. 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있다. 것을 하는 것을 하는 것을 하는 것을 수 있다. 것을 하는 것을 수 있는 것을 수 있다. 것을 하는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있다. 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 것을 수 있는 것을 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 것을 수 있는 것을 것을 수 있는 것을 것을 수 있는 것을 것을 수 있는 것을 수 있는 것을 것 같이 것 같이 않다. 것 같이 것 같이 같이 것 같이 같이 것 같이 같이 않는 것 같이 같이 않는 것 같이 않는 것 같이 같이 않는 것 같이 않는 것 같이 같이 않는 것 같이 같이 않는 것 않는 것 같이 않는 것 않는 것 같이 않는 것 같이 않는 것 같이 않는 것 않는 것 않는 것 않는 것 같이 않는 것 않는 것 같이 않는 것 않는 것 같이 않는 것 않는 것 않는 것 같이 않는 것 않는 것 같이 않는 것 않는	50	
59 60	Add lines 41, 56, and 57 Subtract line 59 from line 36	59 60	
61		61	
62		62	
	Add lines 42, 55, 58, and 61 If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26).	02	
	Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	63	
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555 EZ, do not enter	00	
1	this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	

519591 01-11-16

FORM 1040	PENSIONS AND ANNUITIES	ST.	ATEMENT 1
FLORIDA RETIREMENT SERVICE			
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION	REPORTED ON SCH D	94,881. 6.	
	-		94,875.
FLORIDA RETIREMENT SERVICE			1.1.1
AMOUNT RECEIVED THIS YEAR NONTAXABLE AMOUNT CAPITAL GAIN DISTRIBUTION	REPORTED ON SCH D	64,211.	
			64,211.
			04,211.
TOTAL INCLUDED IN FORM 104	0, LINE 16B		159,086

# RECEIVED 2016 JUN 10 PM 5:21 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

FORM	1040 SOCIAL SECURITY BENEFITS WORKSHEET S	TATE	MENT	2
CHEC	K ONLY ONE BOX:			
Α.	SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)	2		
хв.	MARRIED FILING JOINTLY	10		
c.	MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE	2016 JUN	20	
	AT ANY TIME DURING 2015	S	m	
D.	AT ANY TIME DURING 2015 MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE	10	0	
	FOR ALL OF 2015		110	
		PH	1	
1.	ENTER THE TOTAL AMOUNT FROM BOX 5 OF ALL YOUR FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON FORM 1040, LINE 20A	-	104000	
	FORMS SSA-1099 AND RRB-1099. ALSO, ENTER THIS AMOUNT ON	5.2	0	
	FORM 1040, LINE 20A	N	1,8	22.
	IF YOU CHECKED BOX B: TAXPAYER AMOUNT 1,822.		-/-	
	SPOUSE AMOUNT			
2.	MULTIPLY LINE 1 BY 50% (0.50)		9	11.
	ADD THE AMOUNTS ON FORM 1040, LINE 7, 8B, 9A, 10 THRU 14,		-	÷
	15B, 16B, 17 THRU 19, 21 AND SCHEDULE B, LINE 2. DO NOT			
	INCLUDE ANY AMOUNTS FROM BOX 5 OF FORMS SSA-1099 OR RRB-1099		205,9	03
	ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED		205,9	05.
	INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS,			
	이 가지 않는 것 같아요. 그는 것 같아요. 이 것			
	OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF			
	PUERTO RICO THAT YOU CLAIMED			
	ADD LINES 2, 3, AND 4		206,8	14.
	ADD THE AMOUNTS ON FORM 1040, LINES 23 THROUGH LINE 32,			
	AND ANY WRITE-IN ADJUSTMENTS YOU ENTERED ON THE DOTTED			
	LINE NEXT TO LINE 36			0.
	SUBTRACT LINE 6 FROM LINE 5		206,8	14.
8.	ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR			
	\$32,000 IF YOU CHECKED BOX B, OR		40.0	00
1	\$-0- IF YOU CHECKED BOX C		32,0	00.
9.	IS THE AMOUNT ON LINE 8 LESS THAN THE AMOUNT ON LINE 7?			
	[ ] NO. STOP. NONE OF YOUR SOCIAL SECURITY BENEFITS ARE			
	TAXABLE. ENTER -0- ON FORM 1040, LINE 20B. IF YOU ARE			
	MARRIED FILING SEPARATELY AND YOU LIVED APART FROM YOUR			
	SPOUSE FOR ALL OF 2015, BE SURE YOU ENTERED 'D' TO THE			
	RIGHT OF THE WORD "BENEFITS" ON LINE 20A.			
	[X] YES. SUBTRACT LINE 8 FROM LINE 7		174,8	14.
10.	ENTER \$9,000 IF YOU CHECKED BOX A OR D,			
	\$12,000 IF YOU CHECKED BOX B			
	\$-0- IF YOU CHECKED BOX C		12,0	00.
11.	SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0-		162,8	14.
12.	ENTER THE SMALLER OF LINE 9 OR LINE 10		12,0	
	ENTER ONE HALF OF LINE 12		6,0	
	ENTER THE SMALLER OF LINE 2 OR LINE 13			11.
	MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0-		138,3	
	ADD LINES 14 AND 15		139,3	
	MULTIPLY LINE 1 BY 85% (.85)			49.
			-15	
18.	TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17		1,5	49

\* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B

#### ENRIQUE & MARIA T. ROJAS

20

FORM 1040	WAGES RECEI	VED AND TAX	ES WITHHE	LD	STATE	MENT	3
T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICA TAX	
S THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL	46,699.	4,803.			2,895.	67	77.
TOTALS	46,699.	4,803.			2,895.	67	77.
FORM 1040	FEDERAL	INCOME TAX	WITHHELD		STATE	MENT	4
S DESCRIPTION 	RVICE	OUNTY FL				OUNT 4,80 17,1	
T WITHHOLDING FROM FORM TOTAL TO FORM 1040, LIN					_	7,68	89. 64.
	TE 64	CONTRIBUTI	ons		STATE	7,68	89. 64. 87.
TOTAL TO FORM 1040, LIN	TE 64	CONTRIBUTI	A	MOUNT LIMIT	AM	7,68	89. 64. 87.

PTJ.T	112	F.PC	WE	ĸ	PAR	TSH	
MARY	MA	GDA	LE	N	PAR	ISH	
ST.	BRE	INDA	N'	S	PAR	ISH	
ST.	RAY	MON	ID	PA	RRI	SH	
VARI	OUS	5					

SUBTOTALS

TOTAL TO SCHEDULE A, LINE 16

STATEMENT(S) 3, 4, 5

2016 JUN 10 PM 5: 21

MI-DADE COUNTY

RECEIVED

2,520.

2,520.

SCHEDULE A		EREST AND POIN ON FORM 1098	TS	STATEMENT	6
DESCRIPTION				AMOUNT	
	NK, N.A., PO BOX 18 ERVICING LLC, P.O.			2,78	
TOTAL TO SCHEDULE	A, LINE 10			6,58	88.
SCHEDULE A	CONTRIBUTIONS OTH	IER THAN CASH O	R CHECK	STATEMENT	7
DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT	e
GOODWILL		300.			
SUBTOTALS		300.			
SUBTOTALS TOTAL TO SCHEDULE	A, LINE 17	300.		3(	00.
TOTAL TO SCHEDULE		300. STATE TAXES		3 ( STATEMENT	.00
TOTAL TO SCHEDULE SCHEDULE A					
				STATEMENT	8
TOTAL TO SCHEDULE SCHEDULE A DESCRIPTION REAL ESTATE TAXES 2ND HOME	REAL ES			STATEMENT AMOUNT 4,55	8 97. 08.
TOTAL TO SCHEDULE SCHEDULE A DESCRIPTION REAL ESTATE TAXES 2ND HOME	REAL ES	STATE TAXES	TAXES	STATEMENT AMOUNT 4,59 2,00	8 97. 08.
TOTAL TO SCHEDULE SCHEDULE A DESCRIPTION REAL ESTATE TAXES 2ND HOME TOTAL TO SCHEDULE	REAL ES	STATE TAXES	TAXES	STATEMENT AMOUNT 4,59 2,00 6,60	8 97. 08.
TOTAL TO SCHEDULE SCHEDULE A DESCRIPTION REAL ESTATE TAXES 2ND HOME TOTAL TO SCHEDULE SCHEDULE A	REAL ES	STATE TAXES	TAXES	STATEMENT AMOUNT 4,59 2,00 6,60 STATEMENT STATEMENT	) 97 08 05

ENRIQUE & MARIA T. ROJAS

SCH	EDULE A GENERAL SALES TAX DEDUCTION WORKS	HEET	STATI	EMENT	10
	ENTER YOUR STATE GENERAL SALES TAXES FROM THE APPLICABLE TABLE. FLORIDA IF, FOR ALL OF 2015, YOU LIVED ONLY IN CONNECTICUT, THE DISTRICT OF COLUMBIA, INDIANA, KENTUCKY, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, NEW JERSEY, OR RHODE ISLAND, SKIP LINES 2 THROUGH 5, ENTER -0- ON LINE 6, AND GO TO LINE 7.			1,4	163.
2	OTHERWISE, GO TO LINE 2. DID YOU LIVE IN ALASKA, ARIZONA, ARKANSAS, COLORADO, GEORGIA, ILLINOIS, LOUISIANA, MISSISSIPPI, MISSOURI, NEW YORK, NORTH CAROLINA, SOUTH CAROLINA, TENNESSEE, UTAH, OR VIRGINIA IN 2015? IF NO, ENTER -0 IF YES, ENTER YOUR LOCAL GENERAL SALES	ELECTIONS DEPARTMENT	2016 JUN 10	RECE	
3	IF NO, ENTER -0 IF YES, ENTER YOUR LOCAL GENERAL SALES TAXES FROM THE APPLICABLE TABLE. DID YOUR LOCALITY IMPOSE A LOCAL GENERAL SALES TAX IN 2015? RESIDENTS OF CALIFORNIA AND NEVADA SEE INSTRUCTIONS. IF NO, SKIP LINES 3 THROUGH 5, ENTER -0- ON LINE 6 AND GO TO LINE 7. IF YES, ENTER YOUR LOCAL GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	1.0000	PH 5:21	EIVED	-
4	MIAMI DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, SKIP LINES 4 AND 5 AND GO TO LINE 6. IF YES, ENTER YOUR STATE GENERAL SALES TAX RATE, BUT OMIT THE PERCENTAGE SIGN.	6.0000			
5 6	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES). DID YOU ENTER -0- ON LINE 2 ABOVE?	.1670			
	IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.			1	244.
6A	ADD LINE 1 AND LINE 6.		_	1,	707.
	PART-YEAR DAYS RATE. MULTIPLY LINE 6A BY LINE 6B.			1.000	0000 707.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED IT IF ANY.	EMS,			
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND BOX "B" ON THAT LINE.			1,	707.

FORM	6251	EXEMPTION WORKSHEET	STATEMENT	11
l e		OR HEAD OF HOUSEHOLD; \$83,400 IF OR QUALIFYING WIDOW(ER); \$41,700 RATELY	83,4	00.
2 E	NTER YOUR ALTERNATIVE M			
3 E	(AMTI) FORM 6251, LINE NTER: \$119,200 TE SINGL	E OR HEAD OF HOUSEHOLD;	4.	
	\$158,900 IF MARRIED FI			
	QUALIFYING WIDOW(ER);			
1 0	FILING SEPARATELY UBTRACT LINE 3 FROM LIN	158,90 IE / IE	0.	
4 5	ENTER -0-	39,14 39,14	4.	
- 14	THETTY I THE 4 BY 25% /	25)	0.5	00
	ANY OF THE THREE CONDI AGE 24 APPLY TO YOU, C	.25) E 1. IF ZERO OR LESS, ENTER -0 IF TIONS UNDER CERTAIN CHILDREN UNDER COMPLETE LINES 7 THROUGH 10. ND ENTER THIS AMOUNT ON FORM 6251,	9,7	86.
	LINE 29, AND GO TO FOR		73,6	14
7 M	INIMUM EXEMPTION AMOUNT	FOR CERTAIN CHILDREN UNDER AGE 24		
8 E	NTER YOUR EARNED INCOME			
9 A	DD LINES 7 AND 8			
10 E	NTER THE SMALLER OF LIN LINE 29, AND GO TO FOR	E 6 OR LINE 9 HERE AND ON FORM 6251 M 6251, LINE 30		

RECEIVED 2016 JUN 10 PM 5: 21 MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

d Control number		, lips, other compensation	2 Federal Income lax withheld	d Control number	1 Wages	. lips, other compensation	2 Federal Income tax withheld
	3 Social	46698.75 securily wages	4803.03 4 Social security tax withheld		Constraints.	46698.75 security wages	4803.03 4 Social security tax withheld
		46698.75 re wages and lips	2895.32 6 Medicare tax withheld	This information is being	10000	46698.75 tre wages and lips	2895.32
c Employer's name,		46698.75	677.13	furnished to the internat Ravenue Servic	e	46698.75	6 Medicare lax withheld 677.13
	THE SCH	OOL BOARD OF MIAN	MI-DADE COUNTY FL 1614	c Employer's nam	THE SCI	HOOL BOARD OF MIA	MI-DADE COUNTY FL
7 Social security lips	5	8 Allocated tips	9	7 Social security tip	5	B Allocated lips	PERS
10 Dependent care b	benefits	11 Nonqualified plans	12a See instructions for box 12	2 10 Dependent cara	benefits	11 Nonqualified plans	12a See instruction star box 12
126		120	12d	125		12c	
b Employer identifica	ation numbe	(EIN) La Employe	e's social security number	- Contraction of the second	-	Loga I	SE O
			e a social second number	b Employer identific	ation num	ber (EIN) a Employe	e's social require number
3 Statutory Relirem employee plan	sick p			13 Statutory Relirent employee plan	ient Third sick j	Party 14 Other	RUN
1		S. (			1		TMIT SE
e Employee's name. MARIA TERES			This information is bei fum/shed to the Intern	al			E P
MARIA TERES	A ROJAS		Revenue Service, if y are required to file at return, a negligence penaity or other sanci may be imposed on yo if this income is taxabi and you fall to raport it		SA ROJ	AS	-
2015	15 State	Employer's state ID No.	16 State wages, tips, etc.	2015	15 State	Employer's state ID N	
W-2 Wage State	e and Tax ment	17 State Income tax	18 Local wages, lips, etc	EW-2 Wage		17 State income tax	18 Local wages, lips, etc
MPLOYEE'S RECO See Notice to Emple	loyee	19 Local income tax	20 Locality name	Copy B-To be File With Employee's FEDERAL Tax Re		19 Local income lax	20 Locality name
on back of Copy B)	). [					Depadmen	of the Treasury-Internal Revenue Service
							o na neevery-invite revenue active
d Control number	1 Wages, ti	ps, other compensation 46698.75	2 Federal Income tax withheld 4803.03	d Control number	1 Wages, t	ps, other compensation 46698.75	2 Federal Income tax withheld 4803.03
	3 Social set	curily wages 46698.75	4 Social security tax withheld 2895.32		3 Social se	curity wages 46698.75	4 Social security tax withheld 2895.32
	5 Medicare	wages and tips 46698.75	6 Medicare tax withheld 677.13	1	5 Medicare	wages and tips 46698.75	6 Medicare tax withheld 677.13
Employer's name, a		ZIP code		c Employer's name.		ind ZIP code	
1		OOL BOARD OF MIAM 2ND AVENUE-ROOM 33132		1	HE SCHO 450 N.E. UAMI FL :	DOL BOARD OF MIAM 2ND AVENUE-ROOM 33132	I-DADE COUNTY FL 614
Social security lips		8 Allocated tips	9	7 Social security tips		8 Allocated tips	9
Dependent care ber	nefits	11 Nonqualified plans	12a	10 Dependent care be	nefits	11 Nonqualified plans	12a
6	-	12c	12d	125		12c	120
						S 1	6
Employer identificatio	on number	EIN) La Employee'	a social security number	B Employer identificati	on number	(EIN) a Emolowan'	g s contral security member
Statutory Retirement	Third-Part sick pay		s social security number	b Employer identificali 13 Statutory Reli/ement employee plan		1000	s social security number
Statutory Retirement employee plan	Third-Part slok pay	y 14 Other	s social security number	13 Statutory Relivement employee plan	Third-Par sick pay	ty 14 Other	। वि s social security number
Statutory Retirement employee plan	Third-Part slok pay	y 14 Other	3 s social security number	13 Statutory Rollrement employee plan e Employee's name, at	Third-Par sick pay	ty 14 Other 12IP code	s social security number
Statutory Retirement employee plan mployee's name, ad	Third-Part slok pay	y 14 Other	s social security number	13 Statutory Relivement employee plan	Third-Par sick pay	ty 14 Other 12IP code	s social security number
Statutory Retirement employee plan mployee's name, ad MARIA TERESA	Third-Part slok pay	y 14 Other	16 Slate wages, tips, etc.	13 Statutory Rollrement employee plan e Employee's name, at MARIA TERESA	Third-Par sick pay	ty 14 Other 12IP code	ELECTION T
2015	Thro-Part sick pay ddress, and 2 A. ROJAS	ZIP code		13 Statutory Rollrement employee's name, an MARIA TERES/ 2015	Third-Par sick pay ddress, and A ROJAS 5 State	ty 14 Other 12IP code	ELECTION 16 State wagen marter
Statutory Retirement employee plan Employee's name, ad MARIA TERESA 2015	Third-Part sick pay ddress, and i A ROJAS 15 State	2IP code	16 Slate wages, tips, etc.	13 Statutory Rollrement employee plan e Employee's name, ar MARIA TERESA	Third-Par sick pay ddress, and A ROJAS 5 State	ty 14 Other I ZIP code Employer's state ID No.	ELECTION ID

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THIS RECEI	PT NOT VALID UNLESS	DATED, COMPLETED AND SIGNE	D BY AUTHORIZED	- V
	FICE USE ONLY	Вү:_ 🤇	1. Chemess-	Jame Cint
TRANS	SUBSIDIARY	INDEX CODE	SUBOBJECT	AMOUNT
107.01-1 6/04				
	PAY TO MIO THE ORDER OF ONE-HOUSSA SUNTRUST	Pojas Campaign as Rei. # 900 Fr 33134 mi-Dade County nol. sevenhundred d-two Date School Board ung fee District 6	1 STY	98 702.80 LLARS A BOULT FRAME MARINE CONTENTS
		RECEIVED Sole JUN 10 PM 5:22 ELECTIONS DEPARTMENT		