

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

FOR OFFICE USE ONLY:

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 ELECTIONS DEPARTMENT

LAST NAME — FIRST NAME — MIDDLE NAME:

Rojas, Maria Teresa

MAILING ADDRESS:

CITY: ZIP: COUNTY:

NAME OF AGENCY:

Miami Dade County School Board

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami Dade County School Board Member District 6

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 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 \$ 1,345,648.

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 \$ 30,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
See schedule attached	1,564,888

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Lexus of Kendall - Auto Lease	16,240
10775 South Dixie Highway, Pinecrest Fl. 33156	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Residence - Mortgage payable to Specialized Loan Servicing, LLC <i>Littleton, CO 80163</i>	150,000
Residence - Equity Line Chase Bank <i>3415 Vision Dr. Columbus, OH 43219</i>	83,000

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
N/A		

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
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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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 hereby swear on oath and say that the information disclosed on this form and any attachments hereto is true and correct, and complete.

STATE OF FLORIDA
 COUNTY OF Miami-Dade
 ANNE VANESSA INNOCENT
 Notary Public, State of Florida
 My Commission Expires Jun 2, 2018
 Commission # FF 116919

STATE OF FLORIDA
 COUNTY OF Miami-Dade
 I, Manuela Teresa Rojas, do hereby swear to (or affirmed) and subscribed before me this 13th day of June, 2016 by Manuela Teresa Rojas
 My Commission # FF 116919
 My Comm. Expires Jun 2, 2018
 ANNE VANESSA INNOCENT
 Notary Public - State of Florida



Manuela Teresa Rojas
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

(Print, Type, or Stamp Commission Number)
 Personally Known _____ OR Produced Identification
 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, MANUEL GARCIA, 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.

Manuel Garcia
 Signature

6/13/16
 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

Rojas, Maria Teresa
Form 6 - May 31, 2016

PART B - ASSETS

Description of Asset	Value of Asset
Residence - [REDACTED]	750,000
Apartment - 19201 Collins Ave, Apt 310, Sunny Isles, FL	250,000
Bank Account - City National Bank <i>2855 Le Jeune Rd. Coral Gables 33134</i>	15,800
Bank Account - South Florida Educational Federal Credit Union <i>2310 SW 27TH AVE MIAMI, FL</i>	6,590
Bank Account - SunTrust <i>2501 Galiano St. Coral Gables, FL 33134 33145</i>	4,479
Retirement Funds - Dade County School Board <i>1501 N. East 2nd Ave. Suite 215</i>	446,592
IRA <i>Miami FL 33132</i>	91,427
TOTAL	1,564,888

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

Your first name and initial **ENRIQUE** Last name **ROJAS** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **MARIA T.** Last name **ROJAS** Spouse's social security number [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. 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. 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

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 Single 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. **2** Married filing jointly (even if only one had income) 5 Qualifying widow(er) with dependent child 3 Married filing separately. Enter spouse's SSN above and full name here. **Check only one box.**

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse Boxes checked on 6a and 6b **2**

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
(1) First name	Last name			

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **2** Add numbers on lines above **2**

Income		7	8a	8b	9a	9b	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22
7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 3	8a	Taxable interest. Attach Schedule B if required		9a	Ordinary dividends. Attach Schedule B if required		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
8a	Taxable interest. Attach Schedule B if required		8a	Taxable interest. Attach Schedule B if required		9a	Ordinary dividends. Attach Schedule B if required		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
8b	Tax-exempt interest. Do not include on line 8a		8b	Tax-exempt interest. Do not include on line 8a		9b	Qualified dividends		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
9a	Ordinary dividends. Attach Schedule B if required		9a	Ordinary dividends. Attach Schedule B if required		9b	Qualified dividends		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
9b	Qualified dividends		9b	Qualified dividends		9b	Qualified dividends		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
10	Taxable refunds, credits, or offsets of state and local income taxes		10	Taxable refunds, credits, or offsets of state and local income taxes		10	Taxable refunds, credits, or offsets of state and local income taxes		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
11	Alimony received		11	Alimony received		11	Alimony received		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
12	Business income or (loss). Attach Schedule C or C-EZ		12	Business income or (loss). Attach Schedule C or C-EZ		12	Business income or (loss). Attach Schedule C or C-EZ		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
14	Other gains or (losses). Attach Form 4797		14	Other gains or (losses). Attach Form 4797		14	Other gains or (losses). Attach Form 4797		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
15a	IRA distributions		15a	IRA distributions		15b	Taxable amount		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
15b	Taxable amount		15b	Taxable amount		15b	Taxable amount		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
16a	Pensions and annuities		16a	Pensions and annuities	159,092.	16b	Taxable amount	159,086.	10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
16b	Taxable amount		16b	Taxable amount	159,086.	16b	Taxable amount	159,086.	10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
18	Farm income or (loss). Attach Schedule F		18	Farm income or (loss). Attach Schedule F		18	Farm income or (loss). Attach Schedule F		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
19	Unemployment compensation		19	Unemployment compensation		19	Unemployment compensation		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
20a	Social security benefits		20a	Social security benefits	1,822.	20b	Taxable amount	1,549.	10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
20b	Taxable amount		20b	Taxable amount	1,549.	20b	Taxable amount	1,549.	10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
21	Other income. List type and amount		21	Other income. List type and amount		21	Other income. List type and amount		10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income		22	Combine the amounts in the far right column for lines 7 through 21. This is your total income		22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	207,452.	10	Taxable refunds, credits, or offsets of state and local income taxes		15a	IRA distributions	15b	Taxable amount	17	18	19	20a	20b	21	22

Adjusted Gross Income		23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23	Educator expenses	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
25	Health savings account deduction. Attach Form 8889	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
26	Moving expenses. Attach Form 3903	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
27	Deductible part of self-employment tax. Attach Schedule SE	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
28	Self-employed SEP, SIMPLE, and qualified plans	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
29	Self-employed health insurance deduction	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
30	Penalty on early withdrawal of savings	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
31a	Alimony paid b Recipient's SSN	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
32	IRA deduction	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
33	Student loan interest deduction	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
34	Tuition and fees. Attach Form 8917	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
35	Domestic production activities deduction. Attach Form 8903	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
36	Add lines 23 through 35	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
37	Subtract line 36 from line 22. This is your adjusted gross income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 207,452.

39a Check You were born before January 2, 1951, Blind. Spouse was born before January 2, 1951, Blind. Total boxes checked 39a

b If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 17,720.

41 Subtract line 40 from line 38 41 189,732.

42 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst. 42 8,000.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 181,732.

44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 44 37,936.

45 Alternative minimum tax. Attach Form 6251 45

46 Excess advance premium tax credit repayment. Attach Form 8962 46

47 Add lines 44, 45, and 46 47 37,936.

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 3800 b 8801 c 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 37,936.

Other Taxes

57 Self-employment tax. Attach Schedule SE 57

58 Unreported social security and Medicare tax from Form: a 4137 b 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 61

62 Taxes from: a Form 8959 b Form 8960 c Inst.; enter code(s) 62

63 Add lines 56 through 62. This is your total tax 63 37,936.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 64 29,987.

65 2015 estimated tax payments and amount applied from 2014 return 65

66a Earned income credit (EIC) 66a

b Nontaxable combat pay election 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 2439 b Reserved c 8885 d 73

74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 29,987.

Refund

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 76a

b Routing number c Type: Checking Savings d Account number

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 8,032.

Amount You Owe

79 Estimated tax penalty (see instructions) 79

83.

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 **EDUARD A BALTAR CPA** Phone no. **305-373-0123** Personal identification number (PIN)

Sign Here

Your signature: *Marina Lopez* Date: Your occupation: **RETIRED** Daytime phone number:

Spouse's signature: *Marina Lopez* Date: Spouse's occupation: **ADMINISTRATIVE ASSISTANT** If the IRS sent you an Identity Protection PIN, enter it here:

Print/Type preparer's name: **EDUARD A. BALTAR** Preparer's signature: *Eduard Baltar* Date: **04/18/16** Check if self-employed PTIN:

Use Only

Firm's name: **GLSC & COMPANY, PLLC** Firm's EIN:

6303 BLUE LAGOON DRIVE, SUITE 200 Phone no. **305-373-0123**

Firm's address: **MIAMI, FL 33126**

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STATEMENT 4

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.

Name(s) shown on tax return

Identifying number

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 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 A or D in Part II apply?
No → 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**.
Yes → You must figure your penalty.

No → 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**.

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Part I Required Annual Payment

1	Enter your 2015 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040)	1	37,936.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	
3	Refundable credits, including the premium tax credit (see instructions)	3	
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	4	37,936.
5	Multiply line 4 by 90% (.90)	5	34,142.
6	Withholding taxes. Do not include estimated tax payments (see instructions)	6	29,987.
7	Subtract line 6 from line 4. If less than \$1,000, stop; you do not owe a penalty. Do not file Form 2210	7	7,949.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	39,565.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	34,142.

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.

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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).

Part III Short Method

Can You Use the Short Method?

You can use the short method if:

- 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 Regular Method?

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
- You checked box C or D in Part II, or
- You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

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 made	12											
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	<ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/16, enter -0- • 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. 												
	<table border="0"> <tr> <td>Amount on</td> <td></td> <td>Number of days paid</td> <td></td> <td></td> </tr> <tr> <td>line 14</td> <td>x</td> <td>before 4/15/16</td> <td>x</td> <td>.00008</td> </tr> </table>	Amount on		Number of days paid			line 14	x	before 4/15/16	x	.00008	16	0.
Amount on		Number of days paid											
line 14	x	before 4/15/16	x	.00008									
17	Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 79; Form 1040A, line 51; Form 1040NR, 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.										

Form 2210 (2015)

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**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment
Sequence No. 07

Your social security number

ENRIQUE & MARIA T. ROJAS

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input type="checkbox"/> Income taxes, or	5	SEE STATEMENT 9	1	7.
b	<input checked="" type="checkbox"/> General sales taxes	6	SEE STATEMENT 8	6	5.
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount	8			
9	Add lines 5 through 8	9			8,312.
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	6,588.
		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		11	
Note: Your mortgage interest deduction may be limited (see instructions).		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	6,588.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	2,520. STMT 5
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	300.
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	2,820.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)			
		UNION AND PROFESSIONAL DUES		21	220.
		PROFESSIONAL SUBSCRIPTIONS		21	460.
		22 Tax preparation fees		22	805.
		23 Other expenses - investment, safe deposit box, etc. List type and amount			
		SAFE DEPOSIT BOX		23	40.
		24 Add lines 21 through 23		24	1,025.
		25 Enter amount from Form 1040, line 38		25	207,452.
		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 Miscellaneous Deductions		28 Other - from list in instructions. List type and amount		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$154,950?		29	17,720.
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

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SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb

OMB No. 1545-0074

2015

Attachment
Sequence No. **08**

Your social security number

ENRIQUE & MARIA T. ROJAS

**Part I
Interest**

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the 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
- SOUTH FLORIDA EDUCATIONAL F.C.U.
- SUNTRUST BANK

Amount

53.
30.
35.

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 form.

- 2 Add the amounts on line 1 2 118.
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶ 4 118.

Note: If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary Dividends**

- 5 List name of payer ▶

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary 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

Note: If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign Accounts and Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions X
- If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
- b If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ▶
- 8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions X

Yes No

DOES NOT APPLY

OMB No. 1545-0074

Form 6251

Alternative Minimum Tax - Individuals

2015

Department of the Treasury Internal Revenue Service (99)

Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

Attachment Sequence No. 32

Attach to Form 1040 or Form 1040NR.

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

Your social security number

ENRIQUE & MARIA T. ROJAS

Part I Alternative Minimum Taxable Income

Table with 28 rows for Alternative Minimum Taxable Income. Line 1: 189,732. Line 3: 8,312. Line 6: 0. Line 28: 198,044.

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Part II Alternative Minimum Tax (AMT)

Table with 5 rows for Alternative Minimum Tax (AMT). Line 29: 73,614. Line 30: 124,430. Line 31: 32,352. Line 33: 32,352. Line 34: 37,936. Line 35: 0.

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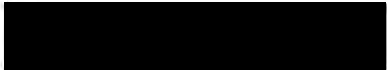
Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions 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 figured for the AMT, if necessary) (see instructions). If 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 figured 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 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 figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	
40	Enter the smaller of line 36 or line 39	
41	Subtract line 40 from line 36	
42	If line 41 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	
43	Enter: <ul style="list-style-type: none"> \$74,900 if married filing jointly or qualifying widow(er), \$37,450 if single or married filing separately, or \$50,200 if head of household. 	
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for 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 are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	
45	Subtract line 44 from line 43. If zero or less, enter -0-	
46	Enter the smaller of line 36 or line 37	
47	Enter the smaller of line 45 or line 46. This amount is taxed at 0%	
48	Subtract line 47 from line 46	
49	Enter: <ul style="list-style-type: none"> \$413,200 if single \$232,425 if married filing separately \$464,850 if married filing jointly or qualifying widow(er) \$439,000 if head of household 	
50	Enter the amount from line 45	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions 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, see instructions for the amount to enter	
52	Add line 50 and line 51	
53	Subtract line 52 from line 49. If zero or less, enter -0-	
54	Enter the smaller of line 48 or line 53	
55	Multiply line 54 by 15% (.15)	
56	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.	
57	Subtract line 56 from line 46	
58	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.	
59	Add lines 41, 56, and 57	
60	Subtract line 59 from line 36	
61	Multiply line 60 by 25% (.25)	
62	Add lines 42, 55, 58, and 61	
63	If line 36 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result	
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 this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	

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FORM 1040

PENSIONS AND ANNUITIES

STATEMENT 1

FLORIDA RETIREMENT SERVICE

AMOUNT RECEIVED THIS YEAR	94,881.
NONTAXABLE AMOUNT	6.
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	

94,875.

FLORIDA RETIREMENT SERVICE

AMOUNT RECEIVED THIS YEAR	64,211.
NONTAXABLE AMOUNT	
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D	

64,211.

TOTAL INCLUDED IN FORM 1040, LINE 16B

159,086.

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CHECK ONLY ONE BOX:

- A. SINGLE, HEAD OF HOUSEHOLD, OR QUALIFYING WIDOW(ER)
- X B. MARRIED FILING JOINTLY
- C. MARRIED FILING SEPARATELY AND LIVED WITH YOUR SPOUSE AT ANY TIME DURING 2015
- D. MARRIED FILING SEPARATELY AND LIVED APART FROM YOUR SPOUSE FOR ALL OF 2015

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1,822.

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
IF YOU CHECKED BOX B: TAXPAYER AMOUNT 1,822.
SPOUSE AMOUNT
2. MULTIPLY LINE 1 BY 50% (0.50) 911.
3. 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 205,903.
4. ENTER THE AMOUNT OF ANY EXCLUSIONS FROM FOREIGN EARNED INCOME, FOREIGN HOUSING, INCOME FROM U.S. POSSESSIONS, OR INCOME FROM PUERTO RICO BY BONA FIDE RESIDENTS OF PUERTO RICO THAT YOU CLAIMED 206,814.
5. ADD LINES 2, 3, AND 4
6. 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.
7. SUBTRACT LINE 6 FROM LINE 5 206,814.
8. ENTER: \$25,000 IF YOU CHECKED BOX A OR D, OR
\$32,000 IF YOU CHECKED BOX B, OR
\$-0- IF YOU CHECKED BOX C 32,000.
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 7 174,814.
10. ENTER \$9,000 IF YOU CHECKED BOX A OR D,
\$12,000 IF YOU CHECKED BOX B
\$-0- IF YOU CHECKED BOX C 12,000.
11. SUBTRACT LINE 10 FROM LINE 9. IF ZERO OR LESS, ENTER -0- 162,814.
12. ENTER THE SMALLER OF LINE 9 OR LINE 10 12,000.
13. ENTER ONE HALF OF LINE 12 6,000.
14. ENTER THE SMALLER OF LINE 2 OR LINE 13 911.
15. MULTIPLY LINE 11 BY 85% (.85). IF LINE 11 IS ZERO, ENTER -0- 138,392.
16. ADD LINES 14 AND 15 139,303.
17. MULTIPLY LINE 1 BY 85% (.85) 1,549.
18. TAXABLE BENEFITS. ENTER THE SMALLER OF LINE 16 OR LINE 17 1,549.
* ALSO ENTER THIS AMOUNT ON FORM 1040, LINE 20B

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FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 3

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
S THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL	46,699.	4,803.			2,895.	677.
TOTALS	46,699.	4,803.			2,895.	677.

FORM 1040 FEDERAL INCOME TAX WITHHELD STATEMENT 4

T S DESCRIPTION	AMOUNT
S THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL	4,803.
T FLORIDA RETIREMENT SERVICE	17,131.
S FLORIDA RETIREMENT SERVICE	7,689.
T WITHHOLDING FROM FORM 1099-SSA	364.
TOTAL TO FORM 1040, LINE 64	29,987.

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 5

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
LITTLE FLOWER PARISH	1,275.	
MARY MAGDALEN PARISH	110.	
ST. BRENDAN'S PARISH	235.	
ST. RAYMOND PARRISH	300.	
VARIOUS	600.	
SUBTOTALS	2,520.	
TOTAL TO SCHEDULE A, LINE 16		2,520.

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SCHEDULE A MORTGAGE INTEREST AND POINTS STATEMENT 6
 REPORTED ON FORM 1098

DESCRIPTION	AMOUNT
JP MORGAN CHASE BANK, N.A., PO BOX 182613, COLUMBUS, OH 43218	2,785.
SPECIALIZED LOAN SERVICING LLC, P.O. BOX 636005, LITTLETON, CO 80163-6005	3,803.
TOTAL TO SCHEDULE A, LINE 10	6,588.

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 7

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
GOODWILL		300.		
SUBTOTALS		300.		
TOTAL TO SCHEDULE A, LINE 17				300.

SCHEDULE A REAL ESTATE TAXES STATEMENT 8

DESCRIPTION	AMOUNT
REAL ESTATE TAXES	4,597.
2ND HOME	2,008.
TOTAL TO SCHEDULE A, LINE 6	6,605.

SCHEDULE A STATE AND LOCAL GENERAL SALES TAXES STATEMENT 9

DESCRIPTION	AMOUNT
STATE SALES TAX	463.
LOCAL SALES TAX	244.
TOTAL TO SCHEDULE A, LINE 5	707.

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1	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. OTHERWISE, GO TO LINE 2.		1,463.
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 TAXES FROM THE APPLICABLE TABLE.		
3	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. MIAMI	1.0000	
4	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	DIVIDE LINE 3 BY LINE 4. ENTER THE RESULT AS A DECIMAL (ROUNDED TO AT LEAST THREE PLACES).	.1670	
6	DID YOU ENTER -0- ON LINE 2 ABOVE? IF NO, MULTIPLY LINE 2 BY LINE 3. IF YES, MULTIPLY LINE 1 BY LINE 5.		244.
6A	ADD LINE 1 AND LINE 6.		1,707.
6B	PART-YEAR DAYS RATE.		1.000000
6C	MULTIPLY LINE 6A BY LINE 6B.		1,707.
7	ENTER YOUR GENERAL SALES TAXES PAID ON SPECIFIED ITEMS, IF ANY.		
8	DEDUCTION FOR GENERAL SALES TAXES. ADD LINES 6C AND 7. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 5 AND CHECK BOX "B" ON THAT LINE.		1,707.

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1	ENTER: \$53,600 IF SINGLE OR HEAD OF HOUSEHOLD; \$83,400 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$41,700 IF MARRIED FILING SEPARATELY		83,400.
2	ENTER YOUR ALTERNATIVE MINIMUM TAXABLE INCOME (AMTI) FORM 6251, LINE 28	198,044.	
3	ENTER: \$119,200 IF SINGLE OR HEAD OF HOUSEHOLD; \$158,900 IF MARRIED FILING JOINTLY OR QUALIFYING WIDOW(ER); \$79,450 IF MARRIED FILING SEPARATELY	158,900.	
4	SUBTRACT LINE 3 FROM LINE 2. IF ZERO OR LESS ENTER -0-	<u>39,144.</u>	
5	MULTIPLY LINE 4 BY 25% (.25)		9,786.
6	SUBTRACT LINE 5 FROM LINE 4. IF ZERO OR LESS, ENTER -0-. IF ANY OF THE THREE CONDITIONS UNDER CERTAIN CHILDREN UNDER AGE 24 APPLY TO YOU, COMPLETE LINES 7 THROUGH 10. OTHERWISE, STOP HERE AND ENTER THIS AMOUNT ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		<u>73,614.</u>
7	MINIMUM EXEMPTION AMOUNT FOR CERTAIN CHILDREN UNDER AGE 24		
8	ENTER YOUR EARNED INCOME, IF ANY		
9	ADD LINES 7 AND 8		
10	ENTER THE SMALLER OF LINE 6 OR LINE 9 HERE AND ON FORM 6251, LINE 29, AND GO TO FORM 6251, LINE 30		

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d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	46698.75	4803.03
	3 Social security wages	4 Social security tax withheld
	46698.75	2895.32
	5 Medicare wages and tips	6 Medicare tax withheld
	46698.75	677.13

c Employer's name, address, and ZIP code
 THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL
 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-Party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS

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

2015 Form **W-2** Wage and Tax Statement
 Copy C-For EMPLOYEE'S RECORDS
 (See Notice to Employee on back of Copy B).

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

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	46698.75	4803.03
	3 Social security wages	4 Social security tax withheld
	46698.75	2895.32
	5 Medicare wages and tips	6 Medicare tax withheld
	46698.75	677.13

c Employer's name, address, and ZIP code
 THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL
 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a See instructions for box 12
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-Party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS

2015 Form **W-2** Wage and Tax Statement
 Copy B-To be Filed With Employee's FEDERAL Tax Return

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

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d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	46698.75	4803.03
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 THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL
 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-Party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS

2015 Form **W-2** Wage and Tax Statement
 Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.

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

d Control number	1 Wages, tips, other compensation	2 Federal income tax withheld
	46698.75	4803.03
	3 Social security wages	4 Social security tax withheld
	46698.75	2895.32
	5 Medicare wages and tips	6 Medicare tax withheld
	46698.75	677.13

c Employer's name, address, and ZIP code
 THE SCHOOL BOARD OF MIAMI-DADE COUNTY FL
 1450 N.E. 2ND AVENUE-ROOM 614
 MIAMI FL 33132

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a
12b	12c	12d

b Employer identification number (EIN) a Employee's social security number

13 Statutory employee	Retirement plan	Third-Party sick pay	14 Other
-----------------------	-----------------	----------------------	----------

e Employee's name, address, and ZIP code
 MARIA TERESA ROJAS

2015 Form **W-2** Wage and Tax Statement
 Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.

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

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