

**CANDIDATE OATH –
SCHOOL BOARD
NONPARTISAN OFFICE**

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

OFFICE USE ONLY

Candidate Oath

(Sections 99.021(1)(a) and 105.031, Florida Statutes)

I, MARIA TERESA "MARI TERE" ROJAS

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box ☐. (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of MIAMI DADE COUNTY SCHOOL BOARD MEMBER, 6,
(Office) (District #)

, I am a qualified elector of MIAMI-DADE County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes, oath (only applicable if elected and when term of office begins): I, a citizen of the State of Florida and of the United States of America, and being employed by or an officer of the school board and a recipient of public funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

Candidate's Florida Voter Registration Number (located on your voter information card): 109076464

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

m aa r EE aa t eh RE sa " m ah ree t E re" r OH - h ah s

X Maria Teresa Rojas (305) 445-0777
Signature of Candidate Telephone Number

jose@riescoandcompany.com

Email Address

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

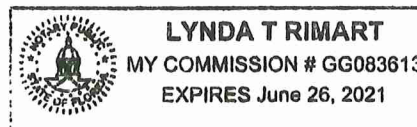
Lynda J. Rimart
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

Sworn to (or affirmed) and subscribed before me this 4
day of June, 20 18.

Personally Known: _____ or Produced Identification: ☒

Type of Identification Produced: FL Drivers License





FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2017**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME — FIRST NAME — MIDDLE NAME:

ROJAS, MARIA TERESA

MAILING ADDRESS:

2600 SOUTH DOUGLAS ROAD, SUITE 900

CITY :

CORAL GABLES

ZIP :

33134

COUNTY :

MIAMI-DADE

NAME OF AGENCY :

MIAMI DADE COUNTY PUBLIC SCHOOLS

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 ☒RECEIVED
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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2017 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 DECEMBER 31, 20 17 was \$ 1,416,590.00.**PART B -- ASSETS****HOUSEHOLD GOODS AND PERSONAL EFFECTS:**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 30,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)

VALUE OF ASSET

SEE ATTACHMENT

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

SEE ATTACHMENT

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

N/A

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 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 2017 federal income tax return and all W2's, schedules, and attachments.

[If you check this box and attach a copy of your 2017 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 |
|--|-----------------------------|--------|
| SEE ATTACHMENT | | |
| | | |

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 | N/A | N/A |
| ADDRESS OF BUSINESS ENTITY | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | |
| POSITION HELD WITH ENTITY | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | |

PART F - TRAINING

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



I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF miami - Dade

Sworn to (or affirmed) and subscribed before me this 4 day of

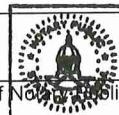
June, 20 18 by Maria Teresa Rojas

Lynda T Rimart
(Signature of Notary Public--State of Florida)

Lynda T. Rimart
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FL Drivers License



LYNDA T RIMART

MY COMMISSION # GG083613

EXPIRES June 26, 2021

Maria Teresa Rojas
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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

I, 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

6/4/18
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 ☒

Maria Teresa Rojas
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS
FORM 6
2017
Attachment

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Page 1, PART B - ASSETS

BANK ACCOUNTS

City National Bank, 2855 LeJeune Road, Coral Gables, FL 33134 - Checking Account
South Florida Educational Federal Credit Union, 7800 SW 117 Avenue, Miami, FL 33183 - Checking Account
SunTrust Bank, PO BOX 305183, Nashville, TN 37230 - Checking Account

TOTAL BANK ACCOUNTS

VALUE OF ASSETS

\$14,120.00
\$7,450.00
\$2,150.00
\$23,720.00

INVESTMENTS IN REAL ESTATE

Residence, [REDACTED]
Apartment, 19201 Collins Avenue, #310, Sunny Isles Beach, FL 33160

TOTAL INVESTMENTS IN REAL ESTATE

MARKET VALUE

\$825,700.00
\$215,000.00
\$1,040,700.00

RETIREMENT ACCOUNTS

MDCPS - Voya Financial, PO BOX 5050, Minot, ND 58702 - Contract ID: CONVTS0065695E1 (Fixed Annuity)
MDCPS - Voya Financial, PO BOX 5050, Minot, ND 58702 - Contract ID: CONVTS0065695EF (Fixed Annuity)
MDCPS - Voya Financial, PO BOX 5050, Minot, ND 58702 - Contract ID: CONVTS0065695RR (Fixed Annuity)
IRA - Voya Financial, PO BOX 5050, Minot, ND 58702 - Contract ID: 90385093 (Fixed Annuity)

TOTAL RETIREMENT ACCOUNTS

VALUE OF ASSETS

\$28,600.00
\$63,450.00
\$375,600.00
\$88,700.00
\$556,350.00

HOUSEHOLD GOODS AND PERSONAL EFFECTS

TOTAL HOUSEHOLD GOODS AND PERSONAL EFFECTS

MARKET VALUE

\$30,000.00
\$30,000.00

TOTAL PART B ASSETS

\$1,650,770.00

PART C - LIABILITIES

MORTGAGES

SLS, 8742 Lucent Blvd, Highlands Ranch, CO 80129 - 1st Mortgage on Residence
Chase Bank, PO BOX 469030 Glendale, CO 80246 - HELOC on Residence

TOTAL MORTGAGES

AMOUNT DUE

\$139,000.00
\$83,000.00
\$222,000.00

AUTO LEASE

Lexus Financial Services, PO BOX 4102, Carol Stream, IL 60197 - Auto Lease

TOTAL AUTO LEASE

\$12,180.00
\$12,180.00

TOTAL PART C LIABILITIES

\$234,180.00

NET WORTH (ASSETS - LIABILITIES)

\$1,416,590.00

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning , 2017, 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. [REDACTED] Apt. no. [REDACTED] Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. [REDACTED] Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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) (see instructions) 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶

Exemptions 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a 2 Boxes checked on 6a and 6b 2 b ☒ Spouse No. of children on 6c who: c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit ☐ lived with you ☐ did not live with you due to divorce or separation (see instructions) If more than four dependents, see instructions and check here ▶ ☐ Dependents on 6c not entered above Add numbers on lines above ▶ 2 d Total number of exemptions claimed

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 STMT 3 7 42,893. 8a Taxable interest. Attach Schedule B if required 8a 82. b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13 14 Other gains or (losses). Attach Form 4797 14 15a IRA distributions 15a b Taxable amount 15b 16a Pensions and annuities 16a 170,581. b Taxable amount PSO 16b 170,575. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a 21,936. b Taxable amount 20b 18,646. 21 Other income. List type and amount 21 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22 232,196.

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN ▶ 31a 32 IRA deduction 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 37 Subtract line 36 from line 22. This is your adjusted gross income ▶ 37 232,196.

Tax and Credits

Standard Deduction for -
• People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

• All others:
Single or Married filing separately, \$0,350
Married filing jointly or Qualifying widow(er), \$12,700
Head of household, \$9,350

| | | | |
|-----|--|----|----------|
| 38 | Amount from line 37 (adjusted gross income) | 38 | 232,196. |
| 39a | Check <input type="checkbox"/> You were born before January 2, 1953, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1953, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 39b <input type="checkbox"/> | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> | | |
| 40 | Itemized deductions (from Schedule A) or your standard deduction (see left margin) | 40 | 20,326. |
| 41 | Subtract line 40 from line 38 | 41 | 211,870. |
| 42 | Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. | 42 | 8,100. |
| 43 | Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 203,770. |
| 44 | Tax. Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> | 44 | 43,940. |
| 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 | 43,940. |
| 48 | Foreign tax credit. Attach Form 1116 if required | 48 | |
| 49 | Credit for child and dependent care expenses. Attach Form 2441 | 49 | |
| 50 | Education credits from Form 8863, line 19 | 50 | |
| 51 | Retirement savings contributions credit. Attach Form 8880 | 51 | |
| 52 | Child tax credit. Attach Schedule 8812, if required | 52 | |
| 53 | Residential energy credits. Attach Form 5695 | 53 | |
| 54 | Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/> | 54 | |
| 55 | Add lines 48 through 54. These are your total credits | 55 | |
| 56 | Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- | 56 | 43,940. |

Other Taxes

| | | | |
|-----|---|-----|---------|
| 57 | Self-employment tax. Attach Schedule SE | 57 | |
| 58 | Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919 | 58 | |
| 59 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 59 | |
| 60a | Household employment taxes from Schedule H | 60a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 60b | |
| 61 | Health care: Individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/> | 61 | |
| 62 | Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Inst.; enter code(s) | 62 | |
| 63 | Add lines 56 through 62. This is your total tax | 63 | 43,940. |

Payments

| | | | |
|-----|---|-----|---------|
| 64 | Federal income tax withheld from Forms W-2 and 1099 | 64 | 35,302. |
| 65 | 2017 estimated tax payments and amount applied from 2016 return | 65 | |
| 66a | Earned income credit (EIC) | 66a | |
| b | Nontaxable combat pay election <input type="checkbox"/> 66b <input type="checkbox"/> | | |
| 67 | Additional child tax credit. Attach Schedule 8812 | 67 | |
| 68 | American opportunity credit from Form 8863, line 8 | 68 | |
| 69 | Net premium tax credit. Attach Form 8962 | 69 | |
| 70 | Amount paid with request for extension to file | 70 | |
| 71 | Excess social security and tier 1 RRTA tax withheld | 71 | |
| 72 | Credit for federal tax on fuels. Attach Form 4136 | 72 | |
| 73 | Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/> | 73 | |
| 74 | Add lines 64, 65, 66a, and 67 through 73. These are your total payments | 74 | 35,302. |

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 <input type="checkbox"/> | 76a | |
| b | Routing number <input type="checkbox"/> c Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Account number <input type="checkbox"/> | | |
| 77 | Amount of line 75 you want applied to your 2018 estimated tax | 77 | |

Amount You Owe

| | | | |
|----|--|----|--------|
| 78 | Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions | 78 | 8,751. |
| 79 | Estimated tax penalty (see instructions) | 79 | 113. |

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

| | | | | |
|---|--|----------------------|--|---|
| Joint return? See instructions. Keep a copy for your records <input type="checkbox"/> | Your signature EDUARD A. BALTAR | Date 04/02/18 | Your occupation RETIRED | Daytime phone number |
| | Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation SCHOOL BOARD MEMBER | If the IRS sent you an Identity Protection PIN, enter it here |

Paid Preparer Use Only

| | | | |
|---|--|-------------------------------|---|
| Print/Type preparer's name EDUARD A. BALTAR | Preparer's signature EDUARD A. BALTAR | Date 04/02/18 | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN |
| Firm's name GLSC & COMPANY, PLLC | Firm's EIN 305-373-0123 | Phone no. 305-373-0123 | |
| Firm's address 6303 BLUE LAGOON DRIVE, SUITE 200 MIAMI, FL 33126 | | | |

Form **2210**Department of the Treasury
Internal Revenue Service**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**▶ Go to www.irs.gov/Form2210 for instructions and the latest information.

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

OMB No. 1545-0074

2017Attachment
Sequence No. **06**

Name(s) shown on tax return

ENRIQUE & MARIA T. ROJAS

Identifying number

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 7 less than \$1,000? **Yes** → **Don't file Form 2210. You don't owe a penalty.**

No → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? **Yes** → **You don't owe a penalty. Don't file Form 2210** (but if box E in Part II applies, you must file page 1 of Form 2210).

No → You may owe a penalty. Does any box in Part II below apply? **Yes** → **You must file Form 2210. Does box B, C, or D in Part II apply?**

No → **Don't file Form 2210. You aren't 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 don't file Form 2210.**

Yes → **You must figure your penalty.**

No → **You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.**

Part I Required Annual Payment

| | | | |
|---|--|---|---------|
| 1 | Enter your 2017 tax after credits from Form 1040, line 56 (see instructions if not filing Form 1040) | 1 | 43,940. |
| 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 don't owe a penalty. Don't file Form 2210 | 4 | 43,940. |
| 5 | Multiply line 4 by 90% (0.90) | 5 | 39,546. |
| 6 | Withholding taxes. Don't include estimated tax payments (see instructions) | 6 | 35,302. |
| 7 | Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Don't file Form 2210 | 7 | 8,638. |
| 8 | Maximum required annual payment based on prior year's tax (see instructions) | 8 | 50,298. |
| 9 | Required annual payment. Enter the smaller of line 5 or line 8 | 9 | 39,546. |

Next: Is line 9 more than line 6?

- ☐ **No.** You don't owe a penalty. Don't file Form 2210 unless box E below applies.
- ☒ **Yes.** You may owe a penalty, but don't 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 aren't required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210.

Part II Reasons for Filing. Check applicable boxes. If none apply, don't 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 aren't 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 2016 or 2017, 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 aren't required to figure your penalty (unless box B, C, or D applies).

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2210 (2017)

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 didn't 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 | 39,546. |
| 11 | Enter the amount, if any, from Form 2210, line 6 | 11 | 35,302. |
| 12 | Enter the total amount, if any, of estimated tax payments you made | 12 | |
| 13 | Add lines 11 and 12 | 13 | 35,302. |
| 14 | Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop; you don't owe a penalty. Don't file Form 2210 unless you checked box E in Part II | 14 | 4,244. |
| 15 | Multiply line 14 by 0.02660 | 15 | 113. |
| 16 | <ul style="list-style-type: none"> • If the amount on line 14 was paid on or after 4/15/18, enter -0-. • If the amount on line 14 was paid before 4/15/18, make the following computation to find the amount to enter on line 16. <div style="display: flex; justify-content: space-around; align-items: center;"> <div>Amount on line 14</div> <div>x</div> <div>Number of days paid before 4/15/18</div> <div>x</div> <div>0.00011</div> </div> | 16 | 0. |
| 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. Don't file Form 2210 unless you checked a box in Part II | 17 | 113. |

Form 2210 (2017)

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

2018 JUN -4 PM 4:23

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