Form 1040 U.S. Individual Income Tax Return 2002

Department of the Treasury—Internal Revenue Service (99) IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

For the year Jan. 1–Dec. 31, 2002, or other tax year beginning , 2002, ending , 20

Label (See instructions on page 21.) Use the IRS label. Otherwise, please print or type.

	First name and initial	Last name	Your social security number
	MARCO	RUBIO	[redacted]
If a joint return, spouse's first name and initial	JEANETTE C	DOUSDEBES	Spouse's social security number [redacted]
Home address (number and street). If you have a P.O. box, see page 21.	[redacted]	Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, see page 21.	MIAMI FL 33144		

Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 21.) Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want $3 to go to this fund? ▶ You ☐ Yes ☒ No Spouse ☐ Yes ☒ No

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 21.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (year spouse died ▶). (See page 21.)

Exemptions

6a ☒ Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a
b ☒ Spouse
c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 22)
DANIELLA	RUBIO	[redacted]	DAUGHTER	☒
AMANDA	RUBIO	[redacted]	DAUGHTER	☒
				☐
				☐
				☐

If more than five dependents, see page 22.

d Total number of exemptions claimed

No. of boxes checked on 6a and 6b: 2
No. of children on 6c who:
• lived with you: 2
• did not live with you due to divorce or separation (see page 22):
Dependents on 6c not entered above:
Add numbers on lines above ▶: 4

Income

Attach Forms W-2 and W-2G here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	124,721
8a	Taxable interest. Attach Schedule B if required	8a	
b	Tax-exempt interest. Do not include on line 8a (8b)		
9	Ordinary dividends. Attach Schedule B if required	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)	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 (see page 25)	15b	
16a	Pensions and annuities (16a) b Taxable amount (see page 25)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits (20a) b Taxable amount (see page 27)	20b	
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	124,721

Adjusted Gross Income

23	Educator expenses (see page 29)	23	
24	IRA deduction (see page 29)	24	
25	Student loan interest deduction (see page 31)	25	
26	Tuition and fees deduction (see page 32)	26	
27	Archer MSA deduction. Attach Form 8853	27	
28	Moving expenses. Attach Form 3903	28	
29	One-half of self-employment tax. Attach Schedule SE	29	
30	Self-employed health insurance deduction (see page 33)	30	
31	Self-employed SEP, SIMPLE, and qualified plans	31	
32	Penalty on early withdrawal of savings	32	
33a	Alimony paid b Recipient's SSN ▶	33a	
34	Add lines 23 through 33a	34	
35	Subtract line 34 from line 22. This is your adjusted gross income ▶	35	124,721

Tax and Credits

Standard Deduction for—
- People who checked any box on line 37a or 37b or who can be claimed as a dependent, see page 34.
- All others: Single, $4,700; Head of household, $6,900; Married filing jointly or Qualifying widow(er), $7,850; Married filing separately, $3,925

36	Amount from line 35 (adjusted gross income)		36	124,721
37a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 37a			
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 34 and check here ▶ 37b ☐			
38	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		38	7,850
39	Subtract line 38 from line 36		39	116,871
40	If line 36 is $103,000 or less, multiply $3,000 by the total number of exemptions claimed on line 6d. If line 36 is over $103,000, see the worksheet on page 35		40	12,000
41	Taxable income. Subtract line 40 from line 39. If line 40 is more than line 39, enter -0-		41	104,871
42	Tax (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972		42	22,111
43	Alternative minimum tax (see page 37). Attach Form 6251		43	
44	Add lines 42 and 43 ▶		44	22,111
45	Foreign tax credit. Attach Form 1116 if required			
46	Credit for child and dependent care expenses. Attach Form 2441			
47	Credit for the elderly or the disabled. Attach Schedule R			
48	Education credits. Attach Form 8863			
49	Retirement savings contributions credit. Attach Form 8880			
50	Child tax credit (see page 39)	450		
51	Adoption credit. Attach Form 8839			
52	Credits from: a ☐ Form 8396 b ☐ Form 8859			
53	Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify _____			
54	Add lines 45 through 53. These are your total credits		54	450
55	Subtract line 54 from line 44. If line 54 is more than line 44, enter -0- ▶		55	21,661

Other Taxes

56	Self-employment tax. Attach Schedule SE	56	
57	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	57	
58	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	58	
59	Advance earned income credit payments from Form(s) W-2	59	
60	Household employment taxes. Attach Schedule H	60	
61	Add lines 55 through 60. This is your total tax ▶	61	21,661

Payments

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	20,541	
63	2002 estimated tax payments and amount applied from 2001 return	63		
64	Earned income credit (EIC)	64		
65	Excess social security and tier 1 RRTA tax withheld (see page 56)	65	1,780	
66	Additional child tax credit. Attach Form 8812	66		
67	Amount paid with request for extension to file (see page 56)	67		
68	Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885	68		
69	Add lines 62 through 68. These are your total payments ▶			69 22,321

Refund

Direct deposit? See page 56 and fill in 71b, 71c, and 71d.

70	If line 69 is more than line 61, subtract line 61 from line 69. This is the amount you overpaid	70	660
71a	Amount of line 70 you want refunded to you ▶	71a	660
▶ b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number [redacted]		
72	Amount of line 70 you want applied to your 2003 estimated tax ▶ 72		

Amount You Owe

73	Amount you owe. Subtract line 69 from line 61. For details on how to pay, see page 57 ▶	73	
74	Estimated tax penalty (see page 57) 74		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 58)? ☐ Yes. Complete the following. ☐ No

Designee's name ▶ | Phone no. ▶ ( ) | Personal identification number (PIN) ▶

Sign Here

Joint return? See page 21. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		ATTORNEY	(305) [redacted]
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
		HOMEMAKER	

Paid Preparer's Use Only

Preparer's signature ▶ SELF PREPARED	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶		EIN	
		Phone no. ( )	