Form **1040** U.S. Individual Income Tax Return **2005** (99) IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20 — OMB No. 1545-0074

Label (See instructions on page 16.) **Use the IRS label.** Otherwise, please print or type. **Presidential Election Campaign** ▶

	Your first name and initial	Last name	Your social security number
LABEL HERE	MARCO A.	RUBIO	[redacted]
	If a joint return, spouse's first name and initial	Last name	Spouse's social security number
	JEANETTE C.	DOUSDEBES	[redacted]
	Home address (number and street). If you have a P.O. box, see page 16.	Apt. no.	You **must** enter ▲ your SSN(s) above. ▲
	6247 S.W. 14 STREET		
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.		Checking a box below will not change your tax or refund.
	MIAMI, FL 33144		

Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse

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). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

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 19)
DANIELLA RUBIO	[redacted]	DAUGHTER	X
AMANDA RUBIO	[redacted]	DAUGHTER	X
ANTHONY RUBIO	[redacted]	SON	X

No. of children on 6c who:
- lived with you: 3
- did not live with you due to divorce or separation (see page 20):

Dependents on 6c not entered above:

If more than four dependents, see page 19.

d Total number of exemptions claimed — Add numbers on lines above ▶: 5

Income

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

If you did not get a W-2, see page 22.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	330,008.
8a	**Taxable** interest. Attach Schedule B if required		8a	77.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	21.
b	Qualified dividends (see page 23)	9b 21.		
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 (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	330,106.

Adjusted Gross Income

23	Educator expenses (see page 29)	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	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 30)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see page 31)	32		
33	Student loan interest deduction (see page 33) STMT 2	33		
34	Tuition and fees deduction (see page 34)	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	330,106.

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Tax and Credits	38	Amount from line 37 (adjusted gross income)	38	330,106.
Standard Deduction for - • People who checked any box on line 39a or 39b or who can be claimed as a dependent.	39a	Check if: ☐ You were born before January 2, 1941, ☐ Blind. ☐ Spouse was born before January 2, 1941, ☐ Blind. } Total boxes checked ▶ 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 35 and check here ▶ 39b ☐		
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	40	37,137.
• All others: Single or Married filing separately, $5,000 Married filing jointly or Qualifying widow(er), $10,000 Head of household, $7,300	41	Subtract line 40 from line 38	41	292,969.
	42	If line 38 is over $109,475, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply $3,200 by the total number of exemptions claimed on line 6d	42	1,600.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	291,369.
	44	**Tax.** Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	44	76,739.
	45	**Alternative minimum tax.** Attach Form 6251	45	
	46	Add lines 44 and 45 ▶	46	76,739.
	47	Foreign tax credit. Attach Form 1116 if required — 47		
	48	Credit for child and dependent care expenses. Attach Form 2441 — 48		
	49	Credit for the elderly or the disabled. Attach Schedule R — 49		
	50	Education credits. Attach Form 8863 — 50		
	51	Retirement savings contributions credit. Attach Form 8880 — 51		
	52	Child tax credit (see page 41). Attach Form 8901 if required — 52		
	53	Adoption credit. Attach Form 8839 — 53		
	54	Credits from: a ☐ Form 8396 b ☐ Form 8859 — 54		
	55	Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Form _____ — 55		
	56	Add lines 47 through 55. These are your **total credits**	56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶	57	76,739.
Other Taxes	58	Self-employment tax. Attach Schedule SE	58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
	61	Advance earned income credit payments from Form(s) W-2	61	
	62	Household employment taxes. Attach Schedule H	62	
	63	Add lines 57 through 62. This is your **total tax** ▶	63	76,739.
Payments	64	Federal income tax withheld from Forms W-2 and 1099 — 64	74,688.	
	65	2005 estimated tax payments and amount applied from 2004 return — 65		
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)** — 66a		
	b	Nontaxable combat pay election ▶ 66b		
	67	Excess social security and tier 1 RRTA tax withheld (see page 59) STMT 5 — 67	1,861.	
	68	Additional child tax credit. Attach Form 8812 — 68		
	69	Amount paid with request for extension to file (see page 59) — 69		
	70	Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 — 70		
	71	Add lines 64, 65, 66a, and 67 through 70. These are your **total payments** ▶	71	76,549.
Refund Direct deposit? See page 59 and fill in 73b, 73c, and 73d.	72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you **overpaid**	72	
	73a	Amount of line 72 you want **refunded to you** ▶	73a	
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number		
	74	Amount of line 72 you want **applied to your 2006 estimated tax** ▶ 74		
Amount You Owe	75	**Amount you owe.** Subtract line 71 from line 63. For details on how to pay, see page 60 ▶	75	190.
	76	Estimated tax penalty (see page 60) — 76		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ No

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

Sign Here Joint return? See page 17. 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	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	
		HOMEMAKER	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
			[redacted]

Firm's name (or yours if self-employed), address, and ZIP code: GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ, 2121 PONCE DE LEON BLVD., #1100, CORAL GABLES, FL 33134

EIN [redacted] Phone no. ([redacted]