Form **1040** U.S. Individual Income Tax Return **2004** (99) IRS Use Only - Do not write or staple in this space.

OMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

Label (See instructions on page 16.) LABEL HERE

Use the IRS label. Otherwise, please print or type.

Your first name and initial	Last name	Your social security number
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.	▲ **Important!** ▲ You **must** enter your SSN(s) above.
[redacted]		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.		
MIAMI, FL 33144		

Presidential Election Campaign (See page 16.) **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 17.) 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 18)
DANIELLA RUBIO	[redacted]	DAUGHTER	X
AMANDA RUBIO	[redacted]	DAUGHTER	X

No. of children on 6c who:
- lived with you: 2
- did not live with you due to divorce or separation (see page 18):

Dependents on 6c not entered above:

If more than four dependents, see page 18.

d Total number of exemptions claimed — Add numbers on lines above ▶: 4

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 19.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	228,929.
8a	**Taxable** interest. Attach Schedule B if required		8a	26.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends (see page 20)	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	72,909.
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 22)	15b	
16a	Pensions and annuities 16a	b Taxable amount (see page 22)	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 24)	20b	
21	Other income. List type and amount (see page 24)		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	301,864.

Adjusted Gross Income

23	Educator expenses (see page 26)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	IRA deduction (see page 26)	25		
26	Student loan interest deduction (see page 28)	26		
27	Tuition and fees deduction (see page 29)	27		
28	Health savings account deduction. Attach Form 8889	28		
29	Moving expenses. Attach Form 3903	29		
30	One-half of self-employment tax. Attach Schedule SE	30	977.	
31	Self-employed health insurance deduction (see page 30)	31		
32	Self-employed SEP, SIMPLE, and qualified plans	32		
33	Penalty on early withdrawal of savings	33		
34a	Alimony paid b Recipient's SSN ▶	34a		
35	Add lines 23 through 34a		35	977.
36	Subtract line 35 from line 22. This is your **adjusted gross income** ▶		36	300,887.

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Tax and Credits	37	Amount from line 36 (adjusted gross income)	37	300,887.
Standard Deduction for - • People who checked any box on line 38a or 38b **or** who can be claimed as a dependent. • All others: Single or Married filing separately, $4,850; Married filing jointly or Qualifying widow(er), $9,700; Head of household, $7,150	38a	Check if: ☐ **You** were born before January 2, 1940, ☐ Blind. ☐ **Spouse** was born before January 2, 1940, ☐ Blind. **Total boxes checked** ▶ 38a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ 38b ☐		
	39	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)	39	29,339.
	40	Subtract line 39 from line 37	40	271,548.
	41	If line 37 is $107,025 or less, multiply $3,100 by the total number of exemptions claimed on line 6d. If line 37 is over $107,025, see the worksheet on page 33	41	3,720.
	42	**Taxable income.** Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	267,828.
	43	**Tax.** Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972	43	69,408.
	44	**Alternative minimum tax.** Attach Form 6251	44	
	45	Add lines 43 and 44 ▶	45	69,408.
	46	Foreign tax credit. Attach Form 1116 if required — 46		
	47	Credit for child and dependent care expenses. Attach Form 2441 — 47		
	48	Credit for the elderly or the disabled. Attach Schedule R — 48		
	49	Education credits. Attach Form 8863 — 49		
	50	Retirement savings contributions credit. Attach Form 8880 — 50		
	51	Child tax credit (see page 37) — 51		
	52	Adoption credit. Attach Form 8839 — 52		
	53	Credits from: a ☐ Form 8396 b ☐ Form 8859 — 53		
	54	Other credits. Check applicable box(es): a ☐ Form 3800 b ☐ Form 8801 c ☐ Specify _____ — 54		
	55	Add lines 46 through 54. These are your **total credits**	55	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- ▶	56	69,408.
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	1,953.
	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H	61	
	62	Add lines 56 through 61. This is your **total tax** ▶	62	71,361.
Payments	63	Federal income tax withheld from Forms W-2 and 1099 — 63	45,853.	
	64	2004 estimated tax payments and amount applied from 2003 return — 64		
If you have a qualifying child, attach Schedule EIC.	65a	**Earned income credit (EIC)** — 65a		
	b	Nontaxable combat pay election ▶ 65b		
	66	Excess social security and tier 1 RRTA tax withheld (see page 54) STMT 3 — 66	4,854.	
	67	Additional child tax credit. Attach Form 8812 — 67		
	68	Amount paid with request for extension to file (see page 54) — 68		
	69	Other payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885 — 69		
	70	Add lines 63, 64, 65a, and 66 through 69. These are your **total payments** ▶	70	50,707.
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you **overpaid**	71	
Direct deposit? See page 54 and fill in 72b, 72c, and 72d.	72a	Amount of line 71 you want **refunded to you** ▶	72a	
	b	Routing number ▶ c Type: ☐ Checking ☐ Savings ▶ d Account number		
	73	Amount of line 71 you want **applied to your 2005 estimated tax** ▶ 73		
Amount You Owe	74	**Amount you owe.** Subtract line 70 from line 62. For details on how to pay, see page 55 ▶	74	21,084.
	75	Estimated tax penalty (see page 55) — 75	430.	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 56)? ☒ 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]