Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2001** (99) IRS Use Only—Do not write or staple in this space.

OMB No. 1545-0074

Label (See instructions on page 19.) Use the IRS label. Otherwise, please print or type.

LABEL HERE

For the year Jan. 1–Dec. 31, 2001, or other tax year beginning , 2001, ending , 20

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 19. [redacted] Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 19.
MIAMI FL 33144

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

Presidential Election Campaign (See page 19.) 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: [X] Yes [ ] No Spouse: [ ] Yes [X] No

Filing Status Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing separate return. Enter spouse's social security no. above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See page 19.) 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 19.)

Exemptions

6a [X] **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 [X] **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 20)
AMANDA	RUBIO	[redacted]	DAUGHTER	[X]
				[ ]
				[ ]
				[ ]
				[ ]
				[ ]

If more than six dependents, see page 20.

No. of boxes checked on 6a and 6b: 2
No. of your children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see page 20):

Dependents on 6c not entered above:
Add numbers entered on lines above ▶: 3

d Total number of exemptions claimed

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 21.

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

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	86,065
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 22)	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	Total IRA distributions (15a) b Taxable amount (see page 23)	15b	
16a	Total pensions and annuities (16a) b Taxable amount (see page 23)	16b	3,814
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 25)	20b	
21	Other income. List type and amount (see page 27)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	89,879

Adjusted Gross Income

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 28)	24	
25	Archer MSA deduction. Attach Form 8853	25	
26	Moving expenses. Attach Form 3903	26	
27	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed health insurance deduction (see page 30)	28	
29	Self-employed SEP, SIMPLE, and qualified plans	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶	31a	
32	Add lines 23 through 31a	32	
33	Subtract line 32 from line 22. This is your **adjusted gross income** ▶	33	89,879

Tax and Credits

Standard Deduction for—
- People who checked any box on line 35a or 35b or who can be claimed as a dependent, see page 31.
- All others: Single, $4,550; Head of household, $6,650; Married filing jointly or Qualifying widow(er), $7,600; Married filing separately, $3,800

34	Amount from line 33 (adjusted gross income)		34	89,879
35a	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 ▶ 35a			
b	If you are married filing separately and your spouse itemizes deductions, or you were a dual-status alien, see page 31 and check here ▶ 35b ☐			
36	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		36	7,600
37	Subtract line 36 from line 34		37	82,279
38	If line 34 is $99,725 or less, multiply $2,900 by the total number of exemptions claimed on line 6d. If line 34 is over $99,725, see the worksheet on page 32		38	8,700
39	**Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39	73,579
40	**Tax** (see page 33). Check if any tax is from a ☐ Form(s) 8814 b ☐ Form 4972		40	14,583
41	**Alternative minimum tax** (see page 34). Attach Form 6251		41	
42	Add lines 40 and 41 ▶		42	14,583
43	Foreign tax credit. Attach Form 1116 if required	43		
44	Credit for child and dependent care expenses. Attach Form 2441	44		
45	Credit for the elderly or the disabled. Attach Schedule R	45		
46	Education credits. Attach Form 8863	46		
47	Rate reduction credit. See the worksheet on page 36	47	100	
48	Child tax credit (see page 37)	48	600	
49	Adoption credit. Attach Form 8839	49		
50	Other credits from: a ☐ Form 3800 b ☐ Form 8396 c ☐ Form 8801 d ☐ Form (specify) _____	50		
51	Add lines 43 through 50. These are your **total credits**		51	700
52	Subtract line 51 from line 42. If line 51 is more than line 42, enter -0- ▶		52	13,883

Other Taxes

53	Self-employment tax. Attach Schedule SE	53	
54	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	54	
55	Tax on qualified plans, including IRAs, and other tax-favored accounts. Attach Form 5329 if required	55	
56	Advance earned income credit payments from Form(s) W-2	56	
57	Household employment taxes. Attach Schedule H	57	
58	Add lines 52 through 57. This is your **total tax** ▶	58	13,883

Payments

If you have a qualifying child, attach Schedule EIC.

59	Federal income tax withheld from Forms W-2 and 1099	59	14,961	FORM 1099
60	2001 estimated tax payments and amount applied from 2000 return	60		
61a	**Earned income credit (EIC)**	61a		
b	Nontaxable earned income 61b			
62	Excess social security and RRTA tax withheld (see page 51)	62	369	
63	Additional child tax credit. Attach Form 8812	63		
64	Amount paid with request for extension to file (see page 51)	64		
65	Other payments. Check if from a ☐ Form 2439 b ☐ Form 4136	65		
66	Add lines 59, 60, 61a, and 62 through 65. These are your **total payments** ▶	66	15,330	

Refund

Direct deposit? See page 51 and fill in 68b, 68c, and 68d.

67	If line 66 is more than line 58, subtract line 58 from line 66. This is the amount you **overpaid**	67	1,447
68a	Amount of line 67 you want **refunded to you** ▶	68a	1,447
▶ b	Routing number [redacted] ▶ c Type: ☒ Checking ☐ Savings		
▶ d	Account number [redacted]		
69	Amount of line 67 you want **applied to your 2002 estimated tax** ▶ 69		

Amount You Owe

70	**Amount you owe.** Subtract line 66 from line 58. For details on how to pay, see page 52 ▶	70	
71	Estimated tax penalty. Also include on line 70 71		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 53)? ☐ **Yes.** Complete the following. ☐ **No**

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

Sign Here

Joint return? See page 19. 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
			(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	Date	Check if self-employed ☐	Preparer's SSN or PTIN
SELF PREPARED			
Firm's name (or yours if self-employed), address, and ZIP code		EIN	
		Phone no. ( )	