Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2000** (U) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2000, or other tax year beginning , 2000, ending , 20 OMB No. 1545-0074

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

Your first name and initial: Marco	Last name: Rubio	Your social security number: [redacted]
If a joint return, spouse's first name and initial: Jeanette	Last name: Rubio	Spouse's social security number: [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 33175		

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 ☐ Yes ☐ No Spouse ☐ Yes ☐ No

Filing Status

Check only one box.

1 ☐ Single
2 ☑ 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 ☑ **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 20)
Ryla Rubio	[redacted]	Mother	☐
Amanda L Rubio	[redacted]	daughter	☑
			☐
			☐
			☐
			☐

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: 1
Add numbers entered on lines above ▶: 4

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	82710
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	
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 25)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶	22	82710

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Adjusted Gross Income

23	IRA deduction (see page 27)	23	
24	Student loan interest deduction (see page 27)	24	
25	Medical savings account 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 29)	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	0
33	Subtract line 32 from line 22. This is your **adjusted gross income** ▶	33	82710

Tax and Credits	34	Amount from line 33 (adjusted gross income)		34 Pd 710 —
	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 ☐		
Standard Deduction for Most People Single: $4,400 Head of household: $6,450 Married filing jointly or Qualifying widow(er): $7,350 Married filing separately: $3,675	36	Enter your **itemized deductions** from Schedule A, line 28, **or standard deduction** shown on the left. **But** see page 31 to find your standard deduction if you checked any box on line 35a or 35b **or** if someone can claim you as a dependent		36 7350 —
	37	Subtract line 36 from line 34		37 75760 —
	38	If line 34 is $96,700 or less, multiply $2,800 by the total number of exemptions claimed on line 6d. If line 34 is over $96,700, see the worksheet on page 32 for the amount to enter		38 11200 —
	39	**Taxable income.** Subtract line 38 from line 37. If line 38 is more than line 37, enter -0-		39 64560 —
	40	**Tax** (see page 32). Check if any tax is from **a** ☐ Form(s) 8814 **b** ☐ Form 4972		40 12269 —
	41	Alternative minimum tax. Attach Form 6251		41 —
	42	Add lines 40 and 41 ▶		42 12269 —
	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	Child tax credit (see page 36)	47 500 —	
	48	Adoption credit. Attach Form 8839	48	
	49	Other. Check if from **a** ☐ Form 3800 **b** ☐ Form 8396 **c** ☐ Form 8801 **d** ☐ Form (specify) _____	49	
	50	Add lines 43 through 49. These are your **total credits**		50 500 —
	51	Subtract line 50 from line 42. If line 50 is more than line 42, enter -0- ▶		51 11769 —
Other Taxes	52	Self-employment tax. Attach Schedule SE		52
	53	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		53
	54	Tax on IRAs, other retirement plans, and MSAs. Attach Form 5329 if required		54
	55	Advance earned income credit payments from Form(s) W-2		55
	56	Household employment taxes. Attach Schedule H		56
	57	Add lines 51 through 56. This is your **total tax** ▶		57 11769 —
Payments	58	Federal income tax withheld from Forms W-2 and 1099	58 11926 —	
If you have a qualifying child, attach Schedule EIC.	59	2000 estimated tax payments and amount applied from 1999 return	59	
	60a	**Earned income credit (EIC)**	60a	
	b	Nontaxable earned income: amount ▶ and type ▶		
	61	Excess social security and RRTA tax withheld (see page 50)	61 440 —	
	62	Additional child tax credit. Attach Form 8812	62	
	63	Amount paid with request for extension to file (see page 50)	63	
	64	Other payments. Check if from **a** ☐ Form 2439 **b** ☐ Form 4136	64	
	65	Add lines 58, 59, 60a, and 61 through 64. These are your **total payments** ▶		65 12366 —
Refund	66	If line 65 is more than line 57, subtract line 57 from line 65. This is the amount you **overpaid**		66 597 —
	67a	Amount of line 66 you want **refunded to you** ▶		67a 597 —
Have it directly deposited! See page 50 and fill in 67b, 67c, and 67d.	▶ b	Routing number ▶ c Type: ☐ Checking ☐ Savings		
	▶ d	Account number		
	68	Amount of line 66 you want **applied to your 2001 estimated tax** ▶	68	
Amount You Owe	69	If line 57 is more than line 65, subtract line 65 from line 57. This is the **amount you owe.** For details on how to pay, see page 51 ▶		69
	70	Estimated tax penalty. Also include on line 69	70	

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Sign Here

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.

Joint return? See page 19. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
X	3/10/01	Lawyer	( )
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	May the IRS discuss this return with the preparer shown below (see page 52)? ☐ Yes ☐ No
X	3/10/00	Housewife	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
[illegible]			[redacted]
Firm's name (or yours if self-employed), address, and ZIP code: [illegible] Madeira Ave Coral Gables		EIN	
		Phone no. ( )	