Form **1040** U.S. Individual Income Tax Return **2006** (99) IRS Use Only - Do not write or staple in this space

OMB No. 1545-0074

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

LABEL HERE

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, 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 16.	Apt. no.	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.		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.

Add numbers on lines above ▶: 5

d Total number of exemptions claimed

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 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	318,754.
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	35.
b	Qualified dividends (see page 23)	9b 35.		
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	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	0.
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	318,789.

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	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 29)	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)	33		
34	Jury duty pay you gave to your employer	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	318,789.

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Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	318,789.
	39a	Check if: ☐ You were born before January 2, 1942, ☐ Blind. ☐ Spouse was born before January 2, 1942, ☐ Blind. Total boxes checked ▶ 39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here ▶ 39b ☐			
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	71,301.
	41	Subtract line 40 from line 38		41	247,488.
	42	If line 38 is over $112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply $3,300 by the total number of exemptions claimed on line 6d		42	8,140.
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	239,348.
	44	Tax. Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972		44	58,960.
	45	Alternative minimum tax. Attach Form 6251		45	874.
	46	Add lines 44 and 45 ▶		46	59,834.
	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	Residential energy credits. Attach Form 5695	52		
	53	Child tax credit (see page 42). Attach Form 8901 if required	53		
	54	Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859	54		
	55	Other credits: 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	59,834.
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, box 9		61	
	62	Household employment taxes. Attach Schedule H		62	
	63	Add lines 57 through 62. This is your total tax ▶		63	59,834.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64 69,776.		
	65	2006 estimated tax payments and amount applied from 2005 return	65		
	66a	Earned income credit (EIC)	66a		
	b	Nontaxable combat pay election ▶ 66b			
	67	Excess social security and tier 1 RRTA tax withheld (see page 60) STMT 4	67 1,978.		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see page 60)	69		
	70	Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885	70		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71 60.		
	72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments ▶		72	71,814.
Refund	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid		73	11,980.
	74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐		74a	11,980.
	b	Routing number ▶ c Type ☐ Checking ☐ Savings ▶ d Account number			
	75	Amount of line 73 you want applied to your 2007 estimated tax ▶	75		
Amount You Owe	76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62 ▶		76	
	77	Estimated tax penalty (see page 62)	77		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

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

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.

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

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

GOLDSTEIN SCHECHTER PRICE LUCAS HORWITZ
2121 PONCE DE LEON BLVD., #1100
CORAL GABLES, FL 33134

EIN [redacted]
Phone no [redacted]