

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending .20

Your first name and initial **MARCO A.** Last name **RUBIO** See separate instructions.
 Your social security number

If a joint return, spouse's first name and initial **JEANETTE C.** Last name **DOUSDEBES** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **MIAMI, FL 33144**

Foreign country name Foreign province/state/county Foreign postal code
 Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
 You Spouse

Filing Status
 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

Exemptions
 6a Yourself. If someone can claim you as a dependent, 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 child under age 17 qualifying for child tax credit

DANIELLA RUBIO			DAUGHTER	<input checked="" type="checkbox"/>
AMANDA RUBIO			DAUGHTER	<input checked="" type="checkbox"/>
ANTHONY RUBIO			SON	<input checked="" type="checkbox"/>
DOMINICK M RUBIO			SON	<input checked="" type="checkbox"/>

 Boxes checked on 6a and 6b **2**
 No. of children on 6c who:
 • lived with you **4**
 • did not live with you due to divorce or separation (see instructions)
 Dependents on 6c not entered above
 Add numbers on lines above **6**

Income
 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 197,370.**
 8a Taxable interest. Attach Schedule B if required **8a 17.**
 b Tax-exempt interest. Do not include on line 8a **8b**
 9a Ordinary dividends. Attach Schedule B if required **9a 34.**
 b Qualified dividends **9b 34.**
 10 Taxable refunds, credits, or offsets of state and local income taxes
 11 Alimony received
 12 Business income or (loss). Attach Schedule C or C-EZ
 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here **12 30,000.**
 14 Other gains or (losses). Attach Form 4797
 15a IRA distributions **15a** **b Taxable amount**
 16a Pensions and annuities **16a** **b Taxable amount** **16b 68,241.**
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17 40,301.**
 18 Farm income or (loss). Attach Schedule F
 19 Unemployment compensation
 20a Social security benefits **20a** **b Taxable amount**
 21 Other income. List type and amount **21b**
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 335,963.**

Adjusted Gross Income
 23 Educator expenses **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 Deductible part of self-employment tax. Attach Schedule SE **27 402.**
 28 Self-employed SEP, SIMPLE, and qualified plans **28**
 29 Self-employed health insurance deduction **29**
 30 Penalty on early withdrawal of savings **30**
 31a Alimony paid **b Recipient's SSN** **31a**
 32 IRA deduction **32**
 33 Student loan interest deduction **33**
 34 Tuition and fees. Attach Form 8917 **34**
 35 Domestic production activities deduction. Attach Form 8903 **35**
 36 Add lines 23 through 35 **36 402.**
 37 Subtract line 36 from line 22. This is your adjusted gross income **37 335,561.**

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100

38 Amount from line 37 (adjusted gross income) 335,561. 39a Check if: You were born before January 2, 1950, Blind. Spouse was born before January 2, 1950, Blind. Total boxes checked 39a. 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 53,329. 41 Subtract line 40 from line 38 282,232. 42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see inst. 17,538. 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 264,694. 44 Tax. Check if any from: a Form(s) 8814 b Form 4972 c 63,247. 45 Alternative minimum tax. Attach Form 6251 1,619. 46 Excess advance premium tax credit repayment. Attach Form 8962. 47 Add lines 44, 45, and 46 64,866. 48 Foreign tax credit. Attach Form 1116 if required. 49 Credit for child and dependent care expenses. Attach Form 2441 200. 50 Education credits from Form 8863, line 19. 51 Retirement savings contributions credit. Attach Form 8880. 52 Child tax credit. Attach Schedule 8812, if required. 53 Residential energy credits. Attach Form 5695. 54 Other credits from Form: a 3800 b 8801 c. 55 Add lines 48 through 54. These are your total credits. 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 200.

Other Taxes

57 Self-employment tax. Attach Schedule SE 64,666. 58 Unreported social security and Medicare tax from Form: a 4137 b 8919 803. 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO. 60a Household employment taxes from Schedule H 6,824. b First-time homebuyer credit repayment. Attach Form 5405 if required 6,604. 60b. 61 Health care: individual responsibility (see instructions) Full-year coverage X. 62 Taxes from: a Form 8959 b X Form 8960 c Inst.; enter code(s) 61. 63 Add lines 56 through 62. This is your total tax 20.

Payments

64 Federal income tax withheld from Forms W-2 and 1099 44,876. 65 2014 estimated tax payments and amount applied from 2013 return STATEMENT 5. 66a Earned income credit (EIC). b Nontaxable combat pay election 66b. 67 Additional child tax credit. Attach Schedule 8812. 68 American opportunity credit from Form 8863, line 8. 69 Net premium tax credit. Attach Form 8962. 70 Amount paid with request for extension to file. 71 Excess social security and tier 1 RRTA tax withheld. 72 Credit for federal tax on fuels. Attach Form 4136. 73 Credits from Form: a 2439 b Reserved c Reserved d. 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 44,876.

Refund

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 44,876. 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. b Routing number c Type: Checking Savings d Account number. 77 Amount of line 75 you want applied to your 2015 estimated tax 77.

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 34,563. 79 Estimated tax penalty (see instructions) 522.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete below. No. Designee's name VINCENT CARRODEGUAS Phone no. 305-442-2200 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 US SENATOR Daytime phone number Spouse's signature, if a joint return, both must sign. Date Spouse's occupation ENTREPRENEUR If the IRS sent you an Identity Protection PIN, enter it here.

Paid Preparer Use Only

Print/Type preparer's name VINCENT CARRODEGUAS Preparer's signature Date Check self-employed if PTIN P00739985 Firm's name GOLDSTEIN SCHECHTER KOCH Firm's EIN 65 0209137 2121 PONCE DE LEON BLVD. STE #1100 Phone no. (305) 442-2200 Firm's address CORAL GABLES, FL 33134

SEE STATEMENT FOR INTEREST AND PENALTIES NOT INCLUDED