

FOR OFFICE USE ONLY:
FLORIDA
COMMISSION ON ETHICS

MAY 22 2017

RECEIVED

*****AUTO**ALL FOR AADC 320 T1 P1 42 42

Mary Sue Adams
Tax Collector
Hamilton County
Elected Constitutional Officer
RM 104
207 1st St NE
Jasper, FL 32052-6633

PROCESSED

ID Code



ID No. 223923

Conf. Code

Adams, Mary Sue

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2016 or a more current date. [Note: Net worth is not calculated by subtracting your *reported* liabilities from your *reported* assets, so please see the instructions on page 3.]My net worth as of December 31, 20 16 was \$ 121,344.00.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 30,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Real Property - duplex - Lot 1 Block B, Lynn Lakes Estates Unit 3	47,698.00
AmerisBank - Savings Acct.	477.00
AmerisBank - Certificate of Deposit	30,925.00
AmerisBank - Certificate of Deposit	30,947.00
Bank of America - Home Equity Line of Credit	25,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Auto Loan - GM Financial PO Box 183834 Arlington, TX 76096	11,300.00
Bank of America - Home Equity Line of Credit	2,403.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2016 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

- ☒ I elect to file a copy of my 2016 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2016 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

☒ I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF HamiltonSworn to (or affirmed) and subscribed before me this 18th day ofMay, 20 17 by Mary Sue AdamsVanessa Hill

(Signature of Notary Public--State of Florida)

Vanessa Hill

(Print, Type, or Stamp Commissioned Name of Notary Public)

VANESSA HILL

NOTARY PUBLIC

STATE OF FLORIDA

Comm # FF203938

Expires 2/26/2019

Personally Known ☒ OR Produced Identification

Type of Identification Produced

Mary Sue Adams

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning _____, ending _____ See separate instructions.

Your first name M.I. Last name Suffix
MARY **S** **ADAMS**

If a joint return, spouse's first name M.I. Last name Suffix

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
1540 HATLEY ST NW

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
JASPER FL 32052

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). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child

Check only one box.

First name Last name SSN

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) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

d Total number of exemptions claimed

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you **0**
- did not live with you due to divorce or separation (see instructions) **0**
- Dependents on 6c not entered above **0**

Add numbers on lines above **1**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7 95,710**

8a Taxable interest. Attach Schedule B if required **8a 111**

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **9a**

b Qualified dividends **9b**

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 ☐

14 Other gains or (losses). Attach Form 4797

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

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount **20b**

21 Other income. List type and amount

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22 95,821**

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**

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**

37 Subtract line 36 from line 22. This is your adjusted gross income **37 95,821**

	38 Amount from line 37 (adjusted gross income)	38	95,821
Tax and Credits	39a Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/>		
	if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. }		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here. <input type="checkbox"/> 39b <input type="checkbox"/>		
Standard Deduction for— • People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	11,572
	41 Subtract line 40 from line 38	41	84,249
	42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	4,050
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	80,199
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	15,815
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
	47 Add lines 44, 45, and 46	47	15,815
	48 Foreign tax credit. Attach Form 1116 if required	48	
	49 Credit for child and dependent care expenses. Attach Form 2441	49	
	50 Education credits from Form 8863, line 19	50	
	51 Retirement savings contributions credit. Attach Form 8880	51	
	52 Child tax credit. Attach Schedule 8812, if required	52	
	53 Residential energy credits. Attach Form 5695	53	
	54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55 Add lines 48 through 54. These are your total credits	55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	15,815	
Other Taxes	57 Self-employment tax. Attach Schedule SE	57	
	58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a Household employment taxes from Schedule H	60a	
	b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63 Add lines 56 through 62. This is your total tax	63	15,815	
Payments	64 Federal income tax withheld from Forms W-2 and 1099	64	18,408
	65 2016 estimated tax payments and amount applied from 2015 return	65	
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election 66b <input type="checkbox"/>		
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
	73 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
	74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	18,408
Refund	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	2,593
	76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here. <input type="checkbox"/>	76a	2,593
	b Routing number <input type="checkbox"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d Account number <input type="checkbox"/>		
	77 Amount of line 75 you want applied to your 2017 estimated tax	77	
Amount You Owe	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79 Estimated tax penalty (see instructions)	79	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		
	Designee's name <input type="checkbox"/>	Phone no. <input type="checkbox"/>	Personal identification number (PIN) <input type="checkbox"/>
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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Your signature <input type="checkbox"/>	Date <input type="checkbox"/>	Your occupation <input type="checkbox"/>
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign. <input type="checkbox"/>		Date <input type="checkbox"/>
	Spouse's occupation <input type="checkbox"/>		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="checkbox"/>
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <input type="checkbox"/>	Date <input type="checkbox"/>
	KENNETH J LEE JR CPA	<i>Kenneth J Lee Jr</i>	2/16/17
	Firm's name <input type="checkbox"/>	Firm's EIN <input type="checkbox"/>	Check <input checked="" type="checkbox"/> if self-employed
	Firm's address <input type="checkbox"/>	Phone no. <input type="checkbox"/>	PTIN <input type="checkbox"/>
Firm's address <input type="checkbox"/>		Phone no. <input type="checkbox"/>	PTIN <input type="checkbox"/>
116 HELVENSTON ST SE		386-364-7005	P01216267

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

OMB No. 1545-0074

2016

Attachment
Sequence No. **07**

Name(s) shown on Form 1040

MARY S ADAMS

Your social security number

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2	95,821.		
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	9,582.		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input type="checkbox"/> Income taxes, or	5	1,061.		
b	<input checked="" type="checkbox"/> General sales taxes	6	381.		
6	Real estate taxes (see instructions)	7			
7	Personal property taxes	8			
8	Other taxes. List type and amount	9	1,442.		
9	Add lines 5 through 8				
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098			
11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		11			
Name		12			
Address		13			
TIN		14			
12 Points not reported to you on Form 1098. See instructions for special rules		15			
13 Mortgage insurance premiums (see instructions)					
14 Investment interest. Attach Form 4952 if required. (See instructions.)					
15 Add lines 10 through 14					
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions			
17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		16	10,130.		
18 Carryover from prior year		17			
19 Add lines 16 through 18		18			
		19	10,130.		
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)			
22 Tax preparation fees		21			
23 Other expenses—investment, safe deposit box, etc. List type and amount		22			
24 Add lines 21 through 23		23			
25 Enter amount from Form 1040, line 38		24			
26 Multiply line 25 by 2% (0.02)		25	95,821.		
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		26	1,916.		
Other Miscellaneous Deductions		27			
28 Other—from list in instructions. List type and amount		28			
Total Itemized Deductions		29 Is Form 1040, line 38, over \$155,650?			
<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		29	11,572.
30 If you elect to itemize deductions even though they are less than your standard deduction, check here					

US Schedule A

Itemized Deduction Detail Worksheet

2016

Name: MARY S ADAMS

SSN: [REDACTED]

Medical Expenses		Medical miles:		Deduction:
Insurance premiums paid (not pre-tax)		Medicare from 1040 worksheet		
Taxpayer		Remainder from worksheets		
Spouse		Taxpayer		
Qualified long term care contracts		Spouse		
Taxpayer		Self-employed health insurance		
Spouse		Taxpayer		
Other medical expenses		Spouse		
		Amount from additional worksheets		
		Total		

Cash Contributions		Other Charitable miles:	X .14 =
50% Limit Organizations			
FIRST BAPTIST	9,980.		
HAVEN HOSPICE	150.		
		From Schedules K-1	
		Amount from additional worksheets	
		Total	10,130.

30% Limit Organizations		Charitable miles:	X .14 =
		Schedules K-1	
		Amount from additional worksheets	
		Total	

Other Than Cash Contributions		50% Limit Organizations
		From Forms 8283
		Amount from additional worksheets
From Schedules K-1		Total

30% Limit Capital gain property donated to 50% limit organizations.	
	From Forms 8283
From Schedules K-1	Total

30% Limit Not capital gain property donated to 30% limit organizations.	
	From Forms 8283
From Schedules K-1	Total

20% Limit Organization Capital gain property donated to 30% limit organizations.	
	From Forms 8283
From Schedules K-1	Total

	From years 2010 through 2015				To 2016 tax year			
	Cash and other property 50%	Capital gain property 30%	Capital gain property 20%		Cash and other property 50%	Capital gain property 30%	Capital gain property 20%	
2011								
2012								
2013								
2014								
2015								
2016								

Contributions allowed this year	
50% of adjusted gross income	47,911.
This year's 50% organization cash contributions allowed	10,130.
30% of adjusted gross income	28,746.
This year's capital gain contributions to 50% organizations limited to 30%	
50% cash carryover allowed	
50% capital gain carryover limited to 30%	
This year's 30% organization cash and other property contributions allowed	
30% organizations cash and other property carryover	
20% of adjusted gross income	19,164.
This year's capital gain contributions to 30% organizations limited to 20%	
30% capital gain carryover limited to 20% AGI	
Total contributions allowed this year	10,130.



W-2 DETAIL REPORT - 2016

Employer	EIN	TPISP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
HAMILTON COUNTY TAX COLL	59-6045891	X	95710	18408	6008	1405					
			-----	-----	-----	-----					
			95710	18408	6008	1405					