

PROCESSED

\*\*\*\*\*AUTO\*\*ALL FOR AADC 320 T1 P1 44 44

MS MARY SUE ADAMS  
TAX COLLECTOR  
Hamilton County  
Elected Constitutional Officer  
RM 104  
207 1ST ST NE  
JASPER FL 32052-6669

FLORIDA  
COMMISSION ON ETHICS

JUN 07 2021

RECEIVED

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, 2020 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 20 was \$ 421,184.00.

## 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 \$ 33,000.00

## 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 Blck B, Lynn Lakes Estates Un 3	71,006
Ameris Bank - Savings Acct	36,991
Ameris Bank - Certificate of Deposit	31,697
Bank of America - Home Equity Line of Credit	25,000
DROP Acct	223,490

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
NONE	

## 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 2020 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 2020 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2020 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**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

☒ 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.

*Mary Sue Adams*

**SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE**

STATE OF FLORIDA

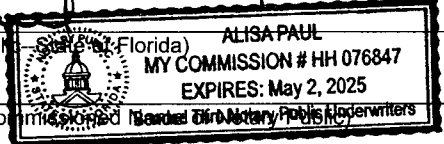
COUNTY OF

HAMILTON

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 2nd day of

*June*, 2021 by *Mary Sue Adams*

(Signature of Notary Public)



(Print, Type, or Stamp Commissioned Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced \_\_\_\_\_

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** ☐

		a Employee's social security number [REDACTED]		<b>Copy C — For EMPLOYEE'S RECORDS</b> (See Notice to Employee on the back of Copy B.) OMB No. 1545-0008			
b Employer identification number (EIN) 59-6045891				1 Wages, tips, other compensation 101708.52		2 Federal income tax withheld 17574.00	
c Employer's name, address, and ZIP code TAX COLLECTOR OPERATING HAMILTON COUNTY OFFICE OF TAX COL 207 NE 1ST ST ROOM #104  JASPER FL 32052				3 Social security wages 102908.52		4 Social security tax withheld 6380.33	
				5 Medicare wages and tips 102908.52		6 Medicare tax withheld 1492.18	
				7 Social security tips		8 Allocated tips	
d Control number				9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code MARY S ADAMS 1540 HATLEY ST JASPER FL 32052				11 Nonqualified plans		12a See instructions for box 12 G 1200.00	
				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b	
				14 Other		12c	
						12d	
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax		18 Local wages, tips, etc.	
						19 Local income tax	
						20 Locality name	

Form **W-2** Wage and Tax Statement

**2020**

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

- YOUR COPY -

**Filing Status** ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial MARY S		Last name ADAMS		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 1540 HATLEY ST NW				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. JASPER			State FL	ZIP code 32052	<b>Presidential Election Campaign</b> 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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county		Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .		1	101,709
Attach Sch. B if required.	2a Tax-exempt interest . . . . .	2a	
	3a Qualified dividends . . . . .	3a	
	4a IRA distributions . . . . .	4a	
	5a Pensions and annuities . . . . .	5a	
Standard Deduction for—	6a Social security benefits . . . . .	6a	
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . .		
	8 Other income from Schedule 1, line 9 . . . . .		
	9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . .	9	102,033
• Single or Married filing separately, \$12,400	10 Adjustments to income:		
	a From Schedule 1, line 22 . . . . .	10a	
	b Charitable contributions if you take the standard deduction. See instructions . . . . .	10b	
	c Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . .	10c	
• Married filing jointly or Qualifying widow(er), \$24,800	11 Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . .	11	102,033
	12 Standard deduction or itemized deductions (from Schedule A) . . . . .	12	12,487
	13 Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	13	0
	14 Add lines 12 and 13 . . . . .	14	12,487
• Head of household, \$18,650	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	15	89,546

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	15,566
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	15,566
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	15,566
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	15,566
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	17,574
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	17,574
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	17,574
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2,008
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	2,008
b	Routing number		
d	Account number		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe	37	
	Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
38	Estimated tax penalty (see instructions)	38	

If you have a qualifying child, attach Sch. EIC.

If you have nontaxable combat pay, see instructions.

## Refund

Direct deposit? See instructions.

## Amount You Owe

For details on how to pay, see instructions.

## Third Party Designee

Do you want to allow another person to discuss this return with the IRS?

See instructions ☐ Yes. Complete below. ☒ No

Designee's name

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

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Phone no.

Email address

Preparer's name

Preparer's signature

Date

PTIN

Check if:

KENNETH J LEE JR CPA

KENNETH J LEE JR CPA

2/22/21

P01216267

☒ Self-employed

Firm's name KENNETH J LEE JR CPA

Phone no. 386-362-6220

Firm's address PO BOX 86 MC ALPIN FL 32062-

Firm's EIN

## Paid Preparer Use Only

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**SCHEDULE A**  
(Form 1040)

**Itemized Deductions**

OMB No. 1545-0074

**2020**

Attachment  
Sequence No. **07**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on Form 1040 or 1040-SR

Your social security number

MARY S ADAMS

<b>Medical and Dental Expenses</b>	<b>Caution:</b> Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040 or 1040-SR, line 11 <b>2</b> 102,033		
3	Multiply line 2 by 7.5% (0.075)	3	7,652
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
<b>Taxes You Paid</b>	5 State and local taxes.		
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input checked="" type="checkbox"/> X	5a	1,091
	b State and local real estate taxes (see instructions)	5b	546
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	1,637
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	1,637
	6 Other taxes. List type and amount	6	
	7 Add lines 5e and 6	7	1,637
<b>Interest You Paid</b>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
<b>Caution:</b> Your mortgage interest deduction may be limited (see instructions).	a Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b	
	Name <input type="text"/>		
	Address <input type="text"/>		
	TIN <input type="text"/>	8c	
	c Points not reported to you on Form 1098. See instructions for special rules	8d	
	d Mortgage insurance premiums (see instructions)	8e	
	e Add lines 8a through 8d	9	
	9 Investment interest. Attach Form 4952 if required. See instructions		
	10 Add lines 8e and 9	10	
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	10,850
<b>Caution:</b> If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
	13 Carryover from prior year	13	
	14 Add lines 11 through 13	14	10,850
<b>Casualty and Theft Losses</b>	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15	
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount	16	
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	12,487
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the Instructions for Forms 1040 and 1040-SR.

Schedule A (Form 1040) 2020

## US Schedule A

## Itemized Deduction Detail Worksheet

2020

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

## 50% Limit Organizations

Other Charitable miles:

X .14 =

FIRST BAPTIST	10,600		
OTHER CASH CONTRIBUTIONS	250		
FBC			
		From Schedules K-1 . . . . .	
		Amount from additional worksheets . . . . .	
		Total . . . . .	10,850

## 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	
		Total . . . . .	

## From Schedules K-1

## 30% Limit Capital gain property donated to 50% limit organizations.

		From Forms 8283 . . . . .	
		Total . . . . .	

## From Schedules K-1

## 30% Limit Not capital gain property donated to 30% limit organizations.

		From Forms 8283 . . . . .	
		Total . . . . .	

## From Schedules K-1

## 20% Limit Organization Capital gain property donated to 30% limit organizations.

		From Forms 8283 . . . . .	
		Total . . . . .	

## From Schedules K-1

## Contribution Carryovers

From years 2015 through 2019	Cash 60%	Cash and other property 50%	30%	Capital gain property 30%	20%
2015 . . . . .					
2016 . . . . .					
2017 . . . . .					
2018 . . . . .					
2019 . . . . .					
To 2021 tax year	Cash 60%	Cash and other property 50%	30%	Capital gain property 30%	20%
2016 . . . . .					
2017 . . . . .					
2018 . . . . .					
2019 . . . . .					
2020 . . . . .					