2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/17/2025

General Information

Name: Mr JEREMIAH K REED

PID 283372

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Employees	SOLID WASTE MANAGEMENT

Net Worth

My Net Worth as of December 31, 2024 was $ 0.00.

Assets

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 effect is $ 10,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
N/A	

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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 2024 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 2024 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
See Attached		

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

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Interests in Specified Businesses

Business Entity # 1
N/A

Training

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

JEREMIAH K REED

Digitally signed: **02/17/2025**

Filed with COE: 02/17/2025

Form **W-2 Wage and Tax Statement** 2024

c Employer's name, address, and ZIP code
MIAMI-DADE COUNTY
111 NW 1ST STREET
SUITE 2620
MIAMI FL 33128-1995

e Employee's name, address, and ZIP code — Suff.
JEREMIAH K REED
2220 PORTOFINO AVE
HOMESTEAD FL 33033

7 Social security tips		1 Wages, tips, other comp. 99109.25	2 Federal income tax withheld 11760.29
8 Allocated tips		3 Social security wages 104979.22	4 Social security tax withheld 6508.71
9		5 Medicare wages and tips 104979.22	6 Medicare tax withheld 1522.20
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12 C 70.15
13 Statutory employee / Retirement plan ✓ / Third-party sick pay		14 Other FRS 414(h) 3269.97	12b G 2600.00
b Employer identification number (EIN) 59-6000573			12c DD 18842.94
a Employee's social security no. [redacted]			12d EE 1300.00

15 State / Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return — This information is being furnished to the Internal Revenue Service. OMB No. 1545-0008 — Dept. of the Treasury - IRS. Visit the IRS Web Site at www.irs.gov/efile

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.

Form **W-2 Wage and Tax Statement** 2024

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MIAMI-DADE COUNTY
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MIAMI FL 33128-1995

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Copy C For EMPLOYEE'S RECORDS (See *Notice to Employee* on back of Copy B.) — OMB No. 1545-0008 — Dept. of the Treasury - IRS

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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return — OMB No. 1545-0008 — Dept. of the Treasury - IRS

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