

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/18/2025

General Information

Name: Hon Mark Hartley

PID 44068

AGENCY INFORMATION

Organization	Suborganization	Title
Baker County	Elected Constitutional Officer	

Net Worth

My Net Worth as of May 31, 2025 was \$ 802,849.77.

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 \$ 45,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Wells Fargo Bank as of April 30,2025	\$ 96,599.20
House 10980 Hartley Ln. Glen St. Mary FL	\$ 218,534.00
Mobile Home 10951 Hartley Ln. Glen St. Mary, FL	\$ 117,663.00
Deferred Retirement Option	\$ 177,011.36
Bank Acct. TruFi Credit Union	\$ 15,216.05
Bank Acct. Ameris Bank	\$ 36,069.20
Bank Acct. First Federal Bank as of 6/8/25	\$ 59,655.40
Globe Life	\$ 5,491.65
403B Charles Schwab	\$ 12,161.07
LSW National Life Group 403b	\$ 64,448.84

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			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer 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.

Mark Hartley

Digitally signed: 06/10/2025

Filed with COE: 06/18/2025

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning 2024, ending 2024. See separate instructions.

Your first name and middle initial: Marcus R
Last name: Hartley
If joint return, spouse's first name and middle initial: Ronda C
Last name: Hartley
Home address (number and street). If you have a P.O. box, see instructions. Apt. no.:
10980 Hartley Lane
City, town, or post office. If you have a foreign address, also complete spaces below. State: FL ZIP code: 32040 Foreign country name: Foreign province/state/county: Foreign postal code: 32040
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
☐ Single ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):
At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No
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
Deduction ☐ Standard ☐ Age/Blindness { You: ☒ Were born before January 2, 1960 ☐ Are blind ☐ Spouse: ☐ Were born before January 2, 1960 ☐ Is blind
Dependents (see instructions): (1) First name Last name (2) Social security number (3) Relationship to you (4) Check the box if qualifies for (see instructions): Credit for other dependents
If more than four dependents, see instructions and check here ☐

Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 175,275.
1b Household employee wages not reported on Form(s) W-2
1c Tip income not reported on line 1a (see instructions)
1d Medical waiver payments not reported on Form(s) W-2 (see instructions)
1e Taxable dependent care benefits from Form 2441, line 26
1f Employer-provided adoption benefits from Form 8839, line 29
1g Wages from Form 8919, line 6
1h Other earned income (see instructions) 0.
1i Nontaxable combat pay election (see instructions) 1i
2 Add lines 1a through 1h 175,275.
2a Tax-exempt interest
2b Qualified dividends
2c IRA distributions
2d Pensions and annuities
2e Social security benefits
2f If you elect to use the lump-sum election method, check here (see instructions)
Attach Schedule B (if required.)
Attach Form(s) W-2 here. Also attach Forms W-2g and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
8	Additional income from Schedule 1, line 10	8	0.
9	Add lines 12, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	178,766.
10	Adjustments to income from Schedule 1, line 26	10	4,650.
11	Subtract line 10 from line 9. This is your adjusted gross income	11	174,116.
12	Standard deduction or itemized deductions (from Schedule A)	12	30,750.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
14	Add lines 12 and 13	14	30,750.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	143,366.
16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	21,647.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	21,647.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	21,647.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	21,647.
25	Payments Federal income tax withheld from:	25	
a	Form(s) W-2	25a	20,671.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	20,671.
26	2024 estimated tax payments and amount applied from 2023 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	20,671.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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Form 1040-SR (2024)

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

Standard Deduction See Standard Deduction Chart on the last page of this form.

Refund 34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid.	34
Amount 35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a
Direct deposit?	b Routing number ☐ Type: ☐ Checking ☐ Savings	
See instructions.	d Account number ☐	
36	Amount of line 34 you want applied to your 2025 estimated tax	36
Amount 37	Subtract line 36 from line 24. This is the amount you owe.	37
You Owe 38	For details on how to pay, go to www.irs.gov/Payments or see instructions.	38
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes. Complete below. ☒ No	
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.	
Sign	Your signature	Date
Spouse's signature.	Spouse's occupation	Date
Joint return?	Spouse's occupation	Date
See instructions. Keep a copy for your records.	Spouse's occupation	Date
Paid Preparer Use Only	Preparer's signature	Date
Preparer's name	Preparer's occupation	Date
Preparer's address	Preparer's address	Date
Preparer's phone no.	Preparer's phone no.	Date
Preparer's EIN	Preparer's EIN	Date
Preparer's PTIN	Preparer's PTIN	Date
Preparer's check it:	Preparer's check it:	Date
Preparer's self-employed	Preparer's self-employed	Date

Go to www.irs.gov/Form1040SR for instructions and the latest information.

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Form 1040-SR (2024)

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss.

Part I Additional Income	
1	Taxable refunds, credits, or offsets of state and local income taxes
2a	Alimony received
b	Date of original divorce or separation agreement (see instructions):
3	Business income or (loss). Attach Schedule C.
4	Other gains or (losses). Attach Form 4797.
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.
6	Farm income or (loss). Attach Schedule F.
7	Unemployment compensation
8	Other income:
a	Net operating loss
b	Gambling
c	Cancellation of debt
d	Foreign earned income exclusion from Form 2555
e	Income from Form 8853
f	Income from Form 8889
g	Alaska Permanent Fund dividends
h	Jury duty pay
i	Prizes and awards
j	Activity not engaged in for profit income
k	Stock options
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property
m	Olympic and Paralympic medals and USOC prize money (see instructions)
n	Section 951(a) inclusion (see instructions)
o	Section 951A(a) inclusion (see instructions)
p	Section 461(l) excess business loss adjustment
q	Taxable distributions from an ABLE account (see instructions)
r	Scholarship and fellowship grants not reported on Form W-2
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan
u	Wages earned while incarcerated
v	Digital assets received as ordinary income not reported elsewhere. See instructions
z	Other income. List type and amount:
9	Total other income. Add lines 8a through 8z
10	Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8

Schedule 1 (Form 1040) 2024		BAA REV 03/2025 TTM	
11	500.	11	11
12		12	12
13	4,150.	13	13
14		14	14
15		15	15
16		16	16
17		17	17
18		18	18
19a		19a	19a
20		20	20
21		21	21
22		22	22
23		23	23
24		24	24
25		25	25
26	4,650.	26	26

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleB for instructions and the latest information.

Name(s) shown on return

Marcus R & Ronda C Hartley

Part I

Interest

(See instructions and the instructions for Form 1040, line 2b.)
Note: If you received a Form 1099-INT, Form 1099-DIV, a brokerage firm, or substitute statement from the payer and enter the total interest shown on that form.

1

List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address:

Tru F1 Credit Union

Ameris Bank

Wells Fargo

Wells Fargo

Department of the Treasury

Part II

Ordinary Dividends

(See instructions and the instructions for Form 1040, line 3b.)
Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6

Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b.
Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file the FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

8

During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

b

If you are required to file the FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

7a

At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.

X

If "Yes," are you required to file the FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements.

X

If you are required to file the FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:

X

During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions.

Before you begin: Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

Part I HSA Contributions and Deduction. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

Part II		HSA Distributions. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.	
1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2024.		
2	HSA contributions you made for 2024 (or those made on your behalf), including those made by the unextended due date of your tax return that were for 2024. Do not include employer contributions, contributions through a cafeteria plan, or rollovers. See instructions.	2	4,150.
3	If you were under age 55 at the end of 2024 and, on the first day of every month during 2024, you were, or were considered, an eligible individual with the same coverage, enter \$4,150 (\$8,300 for family coverage). All others , see the instructions for the amount to enter.	3	5,150.
4	Enter the amount you and your employer contributed to your Archer MSAs for 2024 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2024, also include any amount contributed to your spouse's Archer MSAs.	4	0.
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	5,150.
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2024, see the instructions for the amount to enter.	6	5,150.
7	If you were age 55 or older at the end of 2024, married, and you or your spouse had family coverage under an HDHP at any time during 2024, enter your additional contribution amount. See instructions.	7	0.
8	Add lines 6 and 7.	8	5,150.
9	Employer contributions made to your HSAs for 2024	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10.	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	5,150.
13	HSA deduction (see instructions).	13	4,150.

☒ Self-only ☐ Family

14a	Total distributions you received in 2024 from all HSAs (see instructions)	1,135.
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return. See instructions	
c	Subtract line 14b from line 14a	14b
15	Qualified medical expenses paid using HSA distributions (see instructions)	14c
16	Taxable HSA distributions. Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Schedule 1 (Form 1040), Part I, line 8f	15
17a	If any of the distributions included on line 16 meet any of the Exceptions to the Additional 20% Tax (see instructions), check here	16
b	Additional 20% tax (see instructions). Enter 20% (0.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also, include this amount in the total on Schedule 2 (Form 1040), Part II, line 17c	17b
Part III	Income and Additional Tax for Failure To Maintain HDP Coverage. See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.	
18	Last-month rule	18
19	Qualified HSA funding distribution	19
20	Total income. Add lines 18 and 19. Include this amount on Schedule 1 (Form 1040), Part I, line 8f	20
21	Additional tax. Multiply line 20 by 10% (0.10). Include this amount in the total on Schedule 2 (Form 1040), Part II, line 17d	21

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form8995 for instructions and the latest information.

Attach to your tax return.

Attachment
Sequence No. 55

2024

OMB No. 1545-2294

Name(s) shown on return
Marcus R & Ronda C Hartley

Your taxpayer identification number
[REDACTED]

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	
2	(b) Taxpayer identification number	[REDACTED]
3	(c) Qualified business income or (loss)	0.
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8995 (2024)

2	Total qualified business income or (loss). Combine lines 1 through 1v.	0.
3	Qualified business net (loss) carryforward from the prior year.	0.
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	0.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year.	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	
11	Taxable income before qualified business income deduction (see instructions)	143,366.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	143,366.
14	Income limitation. Multiply line 13 by 20% (0.20)	28,673.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	0.
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	0.

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see *Special Allowance for Rental Real Estate Activities* in the instructions.)

Allowance for Rental Real Estate Activities in the instructions.)

Rental Real Estate Activities With Active Participation (For the definition of active participation, see <i>Special Allowance for Rental Real Estate Activities</i> in the instructions.)	
1a	Activities with net income (enter the amount from Part IV, column (a))
b	Activities with net loss (enter the amount from Part IV, column (b))
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))
d	Combine lines 1a, 1b, and 1c
1d	
1a	0.
1b	5,438.
1c	1,952.
1d	
-7,390.	
All Other Passive Activities	
2a	Activities with net income (enter the amount from Part V, column (a))
2b	Activities with net loss (enter the amount from Part V, column (b))
c	Prior years' unallowed losses (enter the amount from Part V, column (c))
d	Combine lines 2a, 2b, and 2c
2d	
2a	
2b	
2c	
2d	
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used
3	
-7,390.	

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the smaller of the loss on line 3 or the loss on line 5	7,390.
5	Enter \$150,000. If married filing separately, see instructions	150,000.
6	Enter modified adjusted gross income, but not less than zero. See instructions	174,116.
7	Subtract line 6 from line 5	
8	Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	
9	Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	
10	Add the income, if any, on lines 1a and 2a and enter the total	0.
11	Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	0.

Part III		Total Losses Allowed
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
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115	116	117
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121	122	123
124	125	126
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262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
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289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
367		

Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return.

Part IV

Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	
10951 Hartley Lane	0.	5,438.	1,952.	
Total. Enter on Part I, lines 1a, 1b, and 1c	0.	5,438.	1,952.	

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Form W-2 Wage and Tax Statement
To Be Filed With Employee's
FEDERAL Tax Return
OMB No. 1545-0048
2024

Employee's name, address, and ZIP code
RONDA C HARTLEY
10980 HARTLEY LANE
GLRM SAINT MARY FL 32040

Employer's name, address, and ZIP code
BAKER CO BOARD OF PUBLIC INSTR
392 SOUTH BOULEVARD EAST
MACCLERNY FL 32063

1	2	3	4	5	6
Wages, tips, other comp.	Federal income tax withheld	Social security wages	Social security tax withheld	Medicare wages and tips	Medicare tax withheld
65949.46	7941.54	72159.46	4473.86	72159.46	1046.29

7	8	9	10	11	12a	12b	13	14
Social security tips	Allocated tips	Dependent care benefits	Nonqualified plans	Employer's social security no.	Employee's state ID no.	Local income tax	State income tax	Local wages, tips, etc.
			6210.00	11438.21				

15 State wages, tips, etc. 0.00
16 State income tax 0.00
17 Local wages, tips, etc. 0.00
18 Local income tax 0.00
19 Local wages, tips, etc. 0.00
20 Local income tax 0.00

Form W-2 Wage and Tax Statement
To Be Filed With Employee's
FEDERAL Tax Return
OMB No. 1545-0048
2024

Employee's name, address, and ZIP code
MARCUS R HARTLEY
10980 HARTLEY LANE
GLRM SAINT MARY FL 32040

Employer's name, address, and ZIP code
BAKER CO BOARD OF PUBLIC INSTR
392 SOUTH BOULEVARD EAST
MACCLERNY FL 32063

1	2	3	4	5	6
Wages, tips, other comp.	Federal income tax withheld	Social security wages	Social security tax withheld	Medicare wages and tips	Medicare tax withheld
70405.20	9010.34	75120.20	4657.40	75120.20	1089.20

7	8	9	10	11	12a	12b	13	14
Social security tips	Allocated tips	Dependent care benefits	Nonqualified plans	Employer's social security no.	Employee's state ID no.	Local income tax	State income tax	Local wages, tips, etc.
			4715.00	3309.01				

15 State wages, tips, etc. 0.00
16 State income tax 0.00
17 Local wages, tips, etc. 0.00
18 Local income tax 0.00
19 Local wages, tips, etc. 0.00
20 Local income tax 0.00

Form W-2 Wage and Tax Statement
To Be Filed With Employee's
FEDERAL Tax Return
OMB No. 1545-0048
2024

Employee's name, address, and ZIP code
MARCUS R HARTLEY
10980 HARTLEY LN
GLRM SAINT MARY FL 32040-4038

Employer's name, address, and ZIP code
BAKER COUNTY BOCC
392 E MACCLERNY AVE
MACCLERNY FL 32063-2294

1	2	3	4	5	6
Wages, tips, other comp.	Federal income tax withheld	Social security wages	Social security tax withheld	Medicare wages and tips	Medicare tax withheld
70405.20	9010.34	75120.20	4657.40	75120.20	1089.20

7	8	9	10	11	12a	12b	13	14
Social security tips	Allocated tips	Dependent care benefits	Nonqualified plans	Employer's social security no.	Employee's state ID no.	Local income tax	State income tax	Local wages, tips, etc.
			4715.00	3309.01				

15 State wages, tips, etc. 0.00
16 State income tax 0.00
17 Local wages, tips, etc. 0.00
18 Local income tax 0.00
19 Local wages, tips, etc. 0.00
20 Local income tax 0.00