

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/26/2025

General Information

Name: Hon Bertila Ana Soto

CONFIDENTIAL

PID 9629

AGENCY INFORMATION

Organization	Suborganization	Title
Florida Clerks of Court Operations Corporation	Executive Council	
Judicial Circuit (11Th)	Elected Constitutional Officer	Circuit Court Judge

Net Worth

My Net Worth as of December 31, 2024 was \$ 812,448.27.

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 \$ 25,400.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Malaga Heights Sec 1	\$ 950,000.00
Regions Bank	\$ 12,043.06
Regions Bank	\$ 10,985.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
US Bank Lease	PO Box 790117, St Louis, MO 63169-0117	\$ 27,246.99
Chase Mortgage	700 Kansas Lane, LA4-6633, Monroe LA 712303	\$ 154,442.80

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

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.

Bertila Ana Soto

Digitally signed: 06/26/2025

Filed with COE: 06/26/2025

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due 04/15/2025

2025 Form 1040-ES Payment Voucher 1

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and '2025 Form 1040-ES' on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

944.

REV 03/07/25 TTMAC

1555

BERTILA A SOTO

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

Department of the Treasury
Internal Revenue Service
Calendar Year — Due 06/16/2025
2025 Form 1040-ES Payment Voucher 2

▲ Detach Here and Mail With Your Payment ▲

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax you are paying by check or money order.....	1555
944.	REV 03/07/25 TTMAC

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300

BERTILA A SOTO

▼ Detach Here and Mail With Your Payment ▼

Department of the Treasury
Internal Revenue Service

Calendar Year —
Due **09/15/2025**

2025 Form 1040-ES Payment Voucher 3

File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Amount of estimated tax
you are paying by check
or money order.....▶

944.

REV 03/07/25 TTMAG

1555

BERTILA A SOTO

INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300



INTERNAL REVENUE SERVICE
PO BOX 1300
CHARLOTTE NC 28201-1300



BERTILA A SOTO

1555

REV 03/07/25 TTMAC

Amount of estimated tax you are paying by check or money order.....	944.
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File only if you are making a payment of estimated tax by check or money order. Mail this voucher with your check or money order payable to the "United States Treasury." Write your social security number and "2025 Form 1040-ES" on your check or money order. Do not send cash. Enclose, but do not staple or attach, your payment with this voucher.

Department of the Treasury
Internal Revenue Service
Calendar Year — Due 01/15/2026
2025 Form 1040-ES Payment Voucher 4

▲ Detach Here and Mail With Your Payment ▲

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning

, 2024, ending

, 20

See separate instructions.

Your first name and middle initial

Bertila A

Last name

Soto

Your social security number

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.

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

State

FL

ZIP code

33155

Foreign country name

Foreign province/state/county

Foreign postal code

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

☐ Single☐ Head of household (HOH)

Check only one box.

☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Qualifying surviving spouse (QSS)

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):

Digital Assets

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

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 alienAge/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was 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): Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	337,280.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	337,280.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (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	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	337,280.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	337,280.
12	Standard deduction or itemized deductions (from Schedule A)	12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	308,080.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐			16	60,024.
	17	Amount from Schedule 2, line 3			17	
	18	Add lines 16 and 17			18	60,024.
	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	60,024.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21			23	876.
	24	Add lines 22 and 23. This is your total tax			24	60,900.
	Payments	25	Federal income tax withheld from:			
a		Form(s) W-2	25a	63,214.		
b		Form(s) 1099	25b			
c		Other forms (see instructions)	25c	0.		
d		Add lines 25a through 25c	25d	63,214.		
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			
Refund	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	63,214.
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid			34	2,314.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐			35a	2,314.
	b	Routing number	c Type: ☒ Checking ☐ Savings			
	d	Account number				
	36	Amount of line 34 you want applied to your 2025 estimated tax			36	
	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions			37	
	38	Estimated tax penalty (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					
	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.)		
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)		
	Phone no.	Email address				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed	
	Firm's name	Self-Prepared			Phone no.	
	Firm's address	Firm's EIN				

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **02**

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

Your social security number

Bertila A Soto &

Part I Tax

1 Additions to tax:

a Excess advance premium tax credit repayment. Attach Form 8962

1a

b Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)

1b

c Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)

1c

d Recapture of net EPE from Form 4255, line 2a, column (l)

1d

e Excessive payments (EP) from Form 4255. Check applicable box and enter amount.

(i) ☐ Line 1a, column (n)

(ii) ☐ Line 1c, column (n)

(iii) ☐ Line 1d, column (n)

(iv) ☐ Line 2a, column (n)

1e

f 20% EP from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a, column (o)

(ii) ☐ Line 1c, column (o)

(iii) ☐ Line 1d, column (o)

(iv) ☐ Line 2a, column (o)

1f

y Other additions to tax (see instructions):

1y

z Add lines 1a through 1y

1z

2 Alternative minimum tax. Attach Form 6251

2

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE

4

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

5

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

6

7 Total additional social security and Medicare tax. Add lines 5 and 6

7

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here ☐

8

9 Household employment taxes. Attach Schedule H

9

10 Repayment of first-time homebuyer credit. Attach Form 5405 if required

10

11 Additional Medicare Tax. Attach Form 8959

11

876.

12 Net investment income tax. Attach Form 8960

12

13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12

13

14 Interest on tax due on installment income from the sale of certain residential lots and timeshares

14

15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000

15

16 Recapture of low-income housing credit. Attach Form 8611

16

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (i)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	876.

Additional Medicare Tax
If any line does not apply to you, leave it blank. See separate instructions.
Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to www.irs.gov/Form8959 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **71**

Your social security number

Bertila A Soto

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	347,357.	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	347,357.	
5	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		97,357.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		876.

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8		
9	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	9		
10	Enter the amount from line 4	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying surviving spouse \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		876.
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	5,037.	
20	Enter the amount from line 1	20	347,357.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	5,037.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		0.

**Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

OMB No. 1545-2227

2024Attachment
Sequence No. **72**

Name(s) shown on your tax return

Bertila A Soto &

Your social security number or EIN

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b		
c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)	5a		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13–17. Estates and trusts, complete lines 18a–21. If zero or less, enter -0-	12		0.
Individuals:				
13	Modified adjusted gross income (see instructions)	13	337,280.	
14	Threshold based on filing status (see instructions)	14	250,000.	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	87,280.	
16	Enter the smaller of line 12 or line 15	16		0.
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17		0.
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c	20		
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21		

► Keep for your records

Name(s) Shown on Return

Society for the Study of the History of Mathematics

Bertila A Soto

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/15/24		04/15/24			04/15/24		
2	06/17/24		06/17/24			06/17/24		
3	09/16/24		09/16/24			09/16/24		
4	01/15/25		01/15/25			01/15/25		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2024					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2024 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				63,214.		
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-NEC, 1099-K, 1099-G .						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OId						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax				0.		
19	Total Withholding Lines 10 through 18f				63,214.		
20	Total Tax Payments for 2024				63,214.		

(If multiple states or localities, see Tax Help)

Prior Year Taxes Paid In 2024 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2023 extensions				
22	2023 estimated tax paid after 12/31/2023				
23	Balance due paid with 2023 return				
24	Other (amended returns, installment payments, etc) . .				

- Keep for your records

tv Number

Bertila A Soto

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . .						

(a) State	(b) Paid With Extension

(a) Locality	(b) Paid With Extension

(a) State	(c) Estimates Paid After 12/31

(a) Locality	(c) Estimates Paid After 12/31

(a) State	(e) Paid With Return

(a) Locality	(e) Paid With Return

(a) State	(g) Applied Amount

(a) Locality	(g) Applied Amount

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Bertila A Soto & [REDACTED]

Other Tax and Income Information			2023	2024
1	Filing status	1		2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4)	2		
3	Itemized deductions	3		13,665.
4	Check box if required to itemize deductions	4	☐	☐
5	Adjusted gross income	5		337,280.
6	Tax liability for Form 2210 or Form 2210-F	6		60,900.
7	Alternative minimum tax	7		
8	Federal overpayment applied to next year estimated tax	8		

QuickZoom to the IRA Information Worksheet for IRA Information ▶

Excess Contributions			2023	2024
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2023	2024
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2024	a		
	b 2023	b		
	c 2022	c		
	d 2021	d		
	e 2020	e		
	f 2019	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2024	a		
	b 2023	b		
	c 2022	c		
	d 2021	d		
	e 2020	e		
	f 2019	f		

Credit Carryovers			2023	2024
18	General business credit	18		
19	Adoption credit from:	19 a		
	a 2024	a		
	b 2023	b		
	c 2022	c		
	d 2021	d		
	e 2020	e		
	f 2019	f		
20	Mortgage interest credit from:	20 a		
	a 2024	a		
	b 2023	b		
	c 2022	c		
	d 2021	d		
21	Credit for prior year minimum tax	21		
22	District of Columbia first-time homebuyer credit	22		
23	Residential Clean Energy Credit (Previously the Residential energy efficient property credit	23		

a Employee's social security number [REDACTED]		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000245	
b Employer identification number (EIN) 59-6001873		1 Wages, tips, other compensation 192,149.57		2 Federal income tax withheld 36,686.42	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 168,600.00		4 Social security tax withheld 10,453.20	
		5 Medicare wages and tips 192,627.48		6 Medicare tax withheld 2,793.10	
		7 Social security tips		10 Dependent care benefits	
		11 Nonqualified plans		12a See instructions for box 12 DD 10,088.88	
d Control number 015949 01/07		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
e Employee's first name, mi, and last name BERTILA A SOTO [REDACTED]		14 Other 125 1,403.04		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State wages, tips, etc.		16 State income tax	
15 State Employer's state ID number		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2024**

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000245	
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		11 Nonqualified plans		12a See instructions for box 12 DD 10,088.88	
d Control number 015949 01/07		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
e Employee's first name, mi, and last name BERTILA A SOTO [REDACTED]		14 Other 125 1,403.04		12c	
				12d	
				12e	
f Employee's address and ZIP code		15 State wages, tips, etc.		16 State income tax	
15 State Employer's state ID number		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

FORM **W-2** WAGE AND TAX STATEMENT **2024**

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA427W Rev. 05/31/2024

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.

This information is being furnished to the Internal Revenue Service. It is not to be used for any other purpose. A penalty may be imposed on you if this information is furnished and you fail to report it.

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

OMB No. 1545-0048

1 Employer's name, address, and ZIP code

2 Employee's name, address, and ZIP code

3 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 Locally name

Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)

Dept. of the Treasury - IRS

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

OMB No. 1545-0048

1 Employer's name, address, and ZIP code

2 Employee's name, address, and ZIP code

3 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 Locally name

Copy B—To Be Filed With Employee's FEDERAL Tax Return.

This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

7 Social security tips		1 Wages, tips, other compensation	2 Federal income tax withheld
8 Allocated tips		3 Social security wages	4 Social security tax withheld
9 Medicare wages and tips		5 Medicare wages and tips	6 Medicare tax withheld
10 Dependent care benefits		11 Nonqualified plans	12a See instructions for box 12
11 Other		12b	12c
12a See instructions for box 12		12d	12e
12f		12g	12h
12i		12j	12k
12l		12m	12n
12o		12p	12q
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