

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/04/2026

General Information

Name: Stanley Rigaud

PID 312145

AGENCY INFORMATION

Organization	Suborganization	Title
Greater Miami Expressway Agency	Authority Members	GMX Board Member

Net Worth

My Net Worth as of December 31, 2025 was \$ 10,000.00.

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.

The aggregate value of my household goods and personal effect is \$ 30,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
cash	\$ 1,500.00
Bank of America	\$ 15,500.00
Chase	\$ 5,840.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
American Express	200 Vesey Street New York, NY 10285-3106	\$ 1,500.00

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 2025 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 2025 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
Miami-Dade County	111 Northwest 1st Street, Miami, Florida	\$ 135,000.00
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.

Stanley Rigaud

Digitally signed: 05/04/2026

Filed with COE: 05/04/2026

Tax and Credits

- 11b Amount from line 11a (adjusted gross income) **11b** 134,225
- 12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent
- b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien
- d You: ☐ Were born before January 2, 1961 ☐ Are blind
- Spouse: ☐ Was born before January 2, 1961 ☐ Is blind

Standard deduction for—

• Single or Married filing separately: \$19,750

• Married filing jointly or Qualifying surviving spouse: \$39,500

• Head of household: \$23,625

• If you checked a box online 12a, 12b, 12c, or 12d, see inst.

- e **Standard deduction or itemized deductions (from Schedule A)** **12e** 15,750
- 13a Qualified business income deduction from Form 8995 or Form 8995-A **13a** 0
- b Additional deductions from Schedule 1-A, line 28 **13b** 0
- 14 Add lines 12e, 13a, and 13b **14** 15,750
- 15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income** **15** 118,475
- 16 Tax (see instructions). Check if any from Form(s): 1 ☐ 9814 2 ☐ 4972 3 ☐ **16** 21,281
- 17 Amount from Schedule 2, line 3 **17**
- 18 Add lines 16 and 17 **18** 21,281
- 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** 21,281
- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 **23** 120
- 24 Add lines 22 and 23. This is your **total tax** **24** 21,401

Payments and Refundable Credits

- 25 Federal income tax withheld from:
- a Form(s) W-2 **25a** 21,480
- b Form(s) 1099 **25b**
- c Other forms (see instructions) **25c**
- d Add lines 25a through 25c **25d** 21,480
- 26 2025 estimated tax payments and amount applied from 2024 return. If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions).
- 27a Earned income credit (EIC) **27a**
- b Clergy filing Schedule SE (see instructions) ☐
- c If you do not want to claim the EIC, check here ☐
- 28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ **28**
- 29 American opportunity credit from Form 8863, line 8 **29**
- 30 Refundable adoption credit from Form 8839, line 13 **30**
- 31 Amount from Schedule 3, line 15 **31**
- 32 Add lines 27a, 28, 29, 30, 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** 21,480

Refund

Direct deposit? See instructions.

- 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**. **34** 79
- 35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐ **35a** 79
- b Routing number **35b**
- c Type: ☒ Checking ☐ Savings
- d Account number **35d**
- 36 Amount of line 34 you want **applied to your 2026 estimated tax** **36**

Amount You Owe

- 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 **TAXFIT LLC** Phone no. **754-423-4234** Personal identification number (PIN) **[REDACTED]**

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 Stanley Rigaud Date 03/08/2026 Your occupation ECONOMIC DEVELOPPER If the IRS sent you an Identity Protection PIN, enter it here (see inst.) **[REDACTED]**

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.) **[REDACTED]**

Phone no. **954-868-2385** Email address **STANLEY.RIGAUD@GMAIL.COM**

Paid Preparer Use Only

Preparer's name **KAROLL-ANN FANFAN** Preparer's signature Karoll-Ann Fanfan Date 03/04/2026 PTIN **[REDACTED]** Check if: ☐ Self-employed

Firm's name **TAXFIT LLC** Phone no. **754-423-4234**

Firm's address **8910 MIRAMAR PKWY SUITE 110 MIRAMAR FL 33025** Firm's EIN **47-3795777**

IRS e-file Signature Authorization

OMB No. 1545-0074

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name STANLEY RIGAUD	Social security number [REDACTED]
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	134,225
2	Total tax	2	21,401
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	21,480
4	Amount you want refunded to you	4	79
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize TAXFIT LLC to enter or generate my PIN [REDACTED]
ERO firm name Enter five digits, but don't enter all zeros
as my signature on the income tax return (original or amended) I am now authorizing.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Stanley Rigaud Date ▶ 03/08/2026

Spouse's PIN: check one box only

- ☐ I authorize _____ to enter or generate my PIN [REDACTED]
ERO firm name Enter five digits, but don't enter all zeros
as my signature on the income tax return (original or amended) I am now authorizing.
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. [REDACTED]
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Narell Ann Tanfan Date ▶ 03/04/2026

ERO Must Retain This Form — See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

2025

SSN:

Form **W-2 Wage and Tax Statement** 2025

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

STANLEY RIGAUD
2100 SW 8TH STREET
UNIT 424
MIAMI FL 33135

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

This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0029

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** 2025

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

STANLEY RIGAUD
2100 SW 8TH STREET
UNIT 424
MIAMI FL 33135

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
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Copy C For EMPLOYEE'S RECORDS

OMB No. 1545-0029

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2025

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

STANLEY RIGAUD
2100 SW 8TH STREET
UNIT 424
MIAMI FL 33135

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
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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0029

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2025

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

STANLEY RIGAUD
2100 SW 8TH STREET
UNIT 424
MIAMI FL 33135

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
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Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0029

5206

Dept. of the Treasury - IRS

W-2 DETAIL REPORT - 2025

Employer	EIN	TP SP	Gross Wages	Federal With.	FICA	Medicare	St	State Wages	State With.	Locality	Local With.
MIAMI DADE COUNTY FINANC	59-6000573	X	134225	21480	8579	2006					
			134225	21480	8579	2006					