2023 Form 6X - Amendment to Full and Public Disclosure of Financial Interests

Filed with COE: 07/12/2026

General Information

Name: Hon Linda Singer Stein

PID 29069

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (11Th)	Elected Constitutional Officer	County Court Judge

Net Worth

This section not amended by filer.

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 N/A.

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:

Description of Asset	Value of Asset
This section not amended by filer.	

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Liabilities

LIABILITIES IN EXCESS OF $1,000:

Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
This section not amended by filer.		

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 2023 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 2023 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
This section not amended by filer.

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.

Amendment Reason

Explanation of changes why are you amending your previous form 6 submission?
Correction of status to single instead of head of household on 2023 tax return. All other information remains the same

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Signature of Reporting Official or Candidate

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

Linda Singer Stein

Digitally signed: **07/12/2026**

Filed with COE: 07/12/2026

Form **1040-X**

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

(Rev. February 2024)

Go to *www.irs.gov/Form1040X* for instructions and the latest information.

This return is for calendar year (enter year) 2023 **or fiscal year** (enter month and year ended)

Your first name and middle initial	Last name	Your social security number
LINDA A	STEIN	
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

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, didn't previously want $3 to go to this fund, but now do. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above. Use Part III on page 2 to explain any changes.		A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) - explain in Part III	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ▶ ☐	1	239,529		239,529
2 Itemized deductions or standard deduction	2	20,800	(6,950)	13,850
3 Subtract line 2 from line 1	3	218,729	6,950	225,679
4a Reserved for future use	4a			
b Qualified business income deduction	4b			
5 Taxable income. Subtract line 4b from line 3. If the result for column C if zero or less, enter -0- in column C	5	218,729	6,950	225,679
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions): QDCGTW	6	46,709	3,830	50,539
7 Nonrefundable credits. If a general business credit carryback is included, check here ▶ ☐	7			0
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	46,709	3,830	50,539
9 Reserved for future use	9			
10 Other taxes	10	1,502		1,502
11 Total tax. Add lines 8 and 10	11	48,211	3,830	52,041
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (**If changing,** see instructions.)	12	34,552		34,552
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14			
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			13,659
17 Total payments. Add lines 12 through 15, column C, and line 16	17			48,211
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			48,211
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			3,830
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			
22 Amount of line 21 you want **refunded to you**	22			
23 Amount of line 21 you want **applied to your (enter year):** **estimated tax**	23			

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents.
This would include a change in the number of dependents.
Enter the information for the return year entered at the top of page 1.

			A. Original number of dependents reported or as previously adjusted	B. Net change - amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24			
25	Your dependent children who lived with you	25	1	(1)	0
26	Reserved for future use	26			
27	Other dependents	27			
28	Reserved for future use	28			
29	Reserved for future use	29			

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions): If more than four dependents, see instructions and check here ☐ (a) First name Last name	(b) Social security number	(c) Relationship to you	(d) Check the box if qualified for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X.

Attach any supporting documents and new or changed forms and schedules.

Taxpayer inadvertantly claimed the wrong filing status and is amending the return to correct the filing status to single.

Remember to keep a copy of this form for your records.

Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Sign Here

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
[signature]	6/2/26	JUDGE	
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 signature	Date	PTIN	Check if:
[signature]	05-20-2026		☐ Self-employed
Print/Type preparer's name			
Firm's name		Firm's EIN	
Firm's address		Phone no.	