

## 2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/13/2023

### General Information

Name: Ms Mary Sue Adams

Address: 207 1ST ST NE, JASPER, FL 32052

PID 223923

County: Hamilton

### AGENCY INFORMATION

| Organization    | Suborganization                | Title         |
|-----------------|--------------------------------|---------------|
| Hamilton County | Elected Constitutional Officer | Tax Collector |

### Net Worth

My Net Worth as of December 31, 2022 was \$ 513,128.00.

**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 \$ 40,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset                                          | Value of Asset |
|---------------------------------------------------------------|----------------|
| Real Property-duplex-Lot 1 Block B, Lynn Lakes Estates Unit 3 | \$ 98,407.00   |
| Ameris Bank- Savings Acct                                     | \$ 14,528.00   |
| Ameris Bank-Certificate of Deposit                            | \$ 31,824.00   |
| Bank of America-Home Equity Line of Credit                    | \$ 25,000.00   |
| DROP Acct                                                     | \$ 312,162.00  |

**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.

## PRIMARY SOURCES OF INCOME:

| Name of Source of Income Exceeding \$1,000 | Address of Source of Income                | Amount        |
|--------------------------------------------|--------------------------------------------|---------------|
| Hamilton County Tax Collector              | 207 NE First St. Room 104 Jasper, FL 32052 | \$ 106,957.00 |
| See Attached                               |                                            |               |

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

| Business Entity | Major Sources of Business Income | Address | Principal Business Activity of Source |
|-----------------|----------------------------------|---------|---------------------------------------|
| N/A             |                                  |         |                                       |

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

N/A

**Training**

☒ 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.

***Mary Sue Adams***

Digitally signed: 04/13/2023

Filed with COE: 04/13/2023

□

|                                                                                                                                                            |                            |                                                                                                                                          |                     |                                                                                                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------|---------------------|
|                                                                                                                                                            |                            | a Employee's social security number<br>[REDACTED]                                                                                        |                     | Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)<br>OMB No. 1545-0008 |                     |
| b Employer identification number (EIN)<br>59-6045891                                                                                                       |                            | 1 Wages, tips, other compensation<br>106956.60                                                                                           |                     | 2 Federal income tax withheld<br>18459.00                                                          |                     |
| c Employer's name, address, and ZIP code<br>TAX COLLECTOR OPERATING<br>HAMILTON COUNTY OFFICE OF TAX COL<br>207 NE 1ST ST ROOM #104<br><br>JASPER FL 32052 |                            | 3 Social security wages<br>108156.60                                                                                                     |                     | 4 Social security tax withheld<br>6705.71                                                          |                     |
|                                                                                                                                                            |                            | 5 Medicare wages and tips<br>108156.60                                                                                                   |                     | 6 Medicare tax withheld<br>1568.27                                                                 |                     |
|                                                                                                                                                            |                            | 7 Social security tips                                                                                                                   |                     | 8 Allocated tips                                                                                   |                     |
| d Control number                                                                                                                                           |                            | 9 [REDACTED]                                                                                                                             |                     | 10 Dependent care benefits                                                                         |                     |
| e Employee's name, address, and ZIP code<br>MARY S ADAMS<br>1540 HATLEY ST<br>JASPER FL 32052                                                              |                            | 11 Nonqualified plans                                                                                                                    |                     | 12a See instructions for box 12<br>G 1200.00                                                       |                     |
|                                                                                                                                                            |                            | 13 Statutory employee Retirement plan Third-party sick pay<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                     | 12b                                                                                                |                     |
|                                                                                                                                                            |                            | 14 Other                                                                                                                                 |                     | 12c                                                                                                |                     |
|                                                                                                                                                            |                            |                                                                                                                                          |                     | 12d                                                                                                |                     |
| 15 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 Locality name                                                                                                                                           |                            |                                                                                                                                          |                     |                                                                                                    |                     |

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

2022

Department of the Treasury - Internal Revenue Service

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.

## Filing Status

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

Check only one box.

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:

|                                                                                                  |  |                               |             |                                           |                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------|--|-------------------------------|-------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Your first name and middle initial<br>MARY S                                                     |  | Last name<br>ADAMS            |             | Your social security number<br>[REDACTED] |                                                                                                                                                                                                                                              |
| 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.<br>1540 HATLEY ST NW |  |                               |             | Apt. no.                                  |                                                                                                                                                                                                                                              |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br>JASPER |  |                               | State<br>FL | ZIP code<br>32052                         | Presidential Election Campaign<br>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.<br><input type="checkbox"/> You <input type="checkbox"/> Spouse |
| Foreign country name                                                                             |  | Foreign province/state/county |             | Foreign postal code                       |                                                                                                                                                                                                                                              |

## Digital Assets

At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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 alien

## Age/Blindness

You: ☐ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

## Dependents

| (1) First name | Last name | (2) Social security number | (3) Relationship to you | (4) Check the box if qualifies for (see instructions):<br>Child tax credit | Credit for other dependents |
|----------------|-----------|----------------------------|-------------------------|----------------------------------------------------------------------------|-----------------------------|
|                |           |                            |                         | <input type="checkbox"/>                                                   | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                                                   | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                                                   | <input type="checkbox"/>    |
|                |           |                            |                         | <input type="checkbox"/>                                                   | <input type="checkbox"/>    |

## 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 | 106,957 |
| 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 |         |
| i  | Nontaxable combat pay election (see instructions)                                      | 1i |         |
| z  | Add lines 1a through 1h                                                                | 1z | 106,957 |
| 2a | Tax-exempt interest                                                                    | 2a |         |
| 3a | Qualified dividends                                                                    | 2b | 94      |
| 4a | IRA distributions                                                                      | 3b |         |
| 5a | Pensions and annuities                                                                 | 4b |         |
| 6a | Social security benefits                                                               | 5b |         |
| c  | If you elect to use the lump-sum election method, check here (see instructions)        | 6b |         |
| 7  | Capital gain or (loss). Attach Schedule D if required. If not required, check here     | 7  |         |
| 8  | Other 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  | 107,051 |
| 10 | Adjustments to income from Schedule 1, line 26                                         | 10 |         |
| 11 | Subtract line 10 from line 9. This is your adjusted gross income                       | 11 | 107,051 |
| 12 | Standard deduction or itemized deductions (from Schedule A)                            | 12 | 13,854  |
| 13 | Qualified business income deduction from Form 8995 or Form 8995-A                      | 13 | 0       |
| 14 | Add lines 12 and 13                                                                    | 14 | 13,854  |
| 15 | Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income | 15 | 93,197  |

Attach Sch. B if required.

## Standard Deduction for—

• Single or Married filing separately, \$12,950

• Married filing jointly or Qualifying surviving spouse, \$25,900

• Head of household, \$19,400

• If you checked any box under Standard Deduction, see instructions.

**Tax and Credits**

|    |                                                                                                                                               |    |        |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------|----|--------|
| 16 | Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> | 16 | 16,198 |
| 17 | Amount from Schedule 2, line 3                                                                                                                | 17 |        |
| 18 | Add lines 16 and 17                                                                                                                           | 18 | 16,198 |
| 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 | 16,198 |
| 23 | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                          | 23 |        |
| 24 | Add lines 22 and 23. This is your <b>total tax</b>                                                                                            | 24 | 16,198 |

**Payments**

|    |                                                                                                 |     |        |     |        |
|----|-------------------------------------------------------------------------------------------------|-----|--------|-----|--------|
| 25 | Federal income tax withheld from:                                                               | 25a | 18,459 | 25d | 18,459 |
| a  | Form(s) W-2                                                                                     | 25b |        | 26  |        |
| b  | Form(s) 1099                                                                                    | 25c |        | 27  |        |
| c  | Other forms (see instructions)                                                                  |     |        | 28  |        |
| d  | Add lines 25a through 25c                                                                       |     |        | 29  |        |
| 26 | 2022 estimated tax payments and amount applied from 2021 return                                 | 27  |        | 30  |        |
| 27 | Earned income credit (EIC)                                                                      | 28  |        | 31  |        |
| 28 | Additional child tax credit from Schedule 8812                                                  | 29  |        | 32  |        |
| 29 | American opportunity credit from Form 8863, line 8                                              | 30  |        | 33  | 18,459 |
| 30 | Reserved for future use                                                                         | 31  |        | 34  | 2,261  |
| 31 | Amount from Schedule 3, line 15                                                                 |     |        | 35a | 2,261  |
| 32 | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> |     |        |     |        |
| 33 | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                 |     |        |     |        |

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

**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 <b>overpaid</b>            | 34                                                                         | 2,261 |
| 35a | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> | 35a                                                                        | 2,261 |
| b   | Routing number                                                                                                    | c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |       |
| d   | Account number                                                                                                    |                                                                            |       |
| 36  | Amount of line 34 you want <b>applied to your 2023 estimated tax</b>                                              | 36                                                                         |       |

**Amount You Owe**

|    |                                                                                                                                                                                           |    |  |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 37 | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> 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? ☐ Yes. Complete below. ☒ No

See instructions. 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.) |
| Spouse's signature. If a joint return, both must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

|                      |                              |              |            |                                                             |
|----------------------|------------------------------|--------------|------------|-------------------------------------------------------------|
| Preparer's name      | Preparer's signature         | Date         | PTIN       | Check if: <input checked="" type="checkbox"/> Self-employed |
| KENNETH J LEE JR CPA | <i>[Signature]</i>           | 2/17/23      | P01216267  |                                                             |
| Firm's name          | Firm's address               | Phone no.    | Firm's EIN |                                                             |
| KENNETH J LEE JR CPA | PO BOX 86 MC ALPIN FL 32062- | 386-362-6220 |            |                                                             |

**Paid Preparer Use Only**

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

**SCHEDULE A  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Itemized Deductions**

Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.

Attach to Form 1040 or 1040-SR.

**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

**2022**

Attachment  
Sequence No. **07**

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

Your social security number

MARY S ADAMS

**Medical  
and  
Dental  
Expenses**

**Caution:** Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) . . . . . **1**
- 2** Enter amount from Form 1040 or 1040-SR, line 11 **2** 107,051
- 3** Multiply line 2 by 7.5% (0.075) . . . . . **3** 8,029
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . . **4**

**Taxes You  
Paid**

- 5** State and local taxes.
- a** State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒ **X**
- b** State and local real estate taxes (see instructions) . . . . . **5b** 1,069
- c** State and local personal property taxes . . . . . **5c** 685
- d** Add lines 5a through 5c . . . . . **5d** 1,754
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) . . . . . **5e** 1,754
- 6** Other taxes. List type and amount: . . . . . **6**
- 7** Add lines 5e and 6 . . . . . **7** 1,754

**Interest  
You Paid**

**Caution:** Your mortgage interest deduction may be limited. See instructions.

- 8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
- a** Home mortgage interest and points reported to you on Form 1098. See instructions if limited . . . . . **8a**
- b** Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address . . . . . **8b**
- Name . . . . .
- Address . . . . .
- TIN . . . . .
- c** Points not reported to you on Form 1098. See instructions for special rules . . . . . **8c**
- d** Reserved for future use . . . . . **8d**
- e** Add lines 8a through 8c . . . . . **8e**
- 9** Investment interest. Attach Form 4952 if required. See instructions . . . . . **9**
- 10** Add lines 8e and 9 . . . . . **10**

**Gifts to  
Charity**

**Caution:** If you made a gift and got a benefit for it, see instructions.

- 11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . . **11** 12,100
- 12** Other than by cash or check. If you made any gift of \$250 or more, see instructions. You **must** attach Form 8283 if over \$500 . . . . . **12**
- 13** Carryover from prior year . . . . . **13**
- 14** Add lines 11 through 13 . . . . . **14** 12,100

**Casualty and  
Theft Losses**

- 15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions . . . . . **15**

**Other  
Itemized  
Deductions**

- 16** Other—from list in instructions. List type and amount: . . . . . **16**

**Total**

- 17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 . . . . . **17** 13,854

**Itemized  
Deductions**

- 18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2022

BCA

SCHEDULE B  
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2022

Attachment  
Sequence No. 08

Department of the Treasury  
Internal Revenue Service  
Name(s) shown on return

Go to [www.irs.gov/ScheduleB](http://www.irs.gov/ScheduleB) for instructions and the latest information.  
Attach to Form 1040 or 1040-SR.

Your social security number

MARY S ADAMS

Part I

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as 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:

AMERIS BANK

Amount

94

- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b

2

94

3

4

94

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

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.

- 5 List name of payer:

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b

5

6

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 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.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2022, 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 . . . . .
- If "Yes," are you required to file 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 . . . . .
- b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: . . . . .
- 8 During 2022, 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. . . . .

| Yes | No |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |