

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/15/2023

General Information

Name: Hon Reemberto Diaz

Address: Dade County Courthouse 73 W Flagler Street RM 1202, Miami, FL 33130

PID 207811

County: Miami-Dade

AGENCY INFORMATION

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

Net Worth

My Net Worth as of December 31, 2022 was \$ 2,600,000.00.

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, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 450,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
6234 Paradise Point Drive	\$ 2,200,000.00
Royal Harbour Marine slip	\$ 375,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
First Horizon Bank	POBOX 660592 Dallas Texas 75266	\$ 300,000.00
pnc bank	POBOX 5580 Cleveland Ohio 44101	\$ 35,000.00
bank of America	POBOX 2500 Dallas Texas	\$ 80,000.00

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.

☒ I elect to file a copy of my 2022 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):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

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.

Reemberto Diaz

Digitally signed: 05/15/2023

Filed with COE: 05/15/2023

a Employee's social security number		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000000	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 172,770.77		2 Federal income tax withheld 34,538.88	
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 147,000.00		4 Social security tax withheld 9,114.00	
		5 Medicare wages and tips 173,184.54		6 Medicare tax withheld 2,511.18	
		7 Social security tips		10 Dependent care benefits	
		11 Nonqualified plans		12a See instructions for box 12 DD 9,761.52	
d Control number 015783 01/06		13 Statutory employee ☐ Retirement plan ☒ Third-Party sick pay ☐		12b	
e Employee's first name, mi, and last name REEMBERTO DIAZ 6234 PARADISE POINT DRIVE PALMETTO BAY, FL 33157-2602		14 Other 125 600.00		12c	
				12d	
				12e	
f Employee's address and ZIP code		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**

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

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

a Employee's social security number		Payroll organization code 22-20-11-00-110		Intradepartment number 0000000000	
b Employer identification number 59-6001874		1 Wages, tips, other compensation 172,770.77		2 Federal income tax withheld 34,538.88	
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FORM **W-2** **WAGE AND TAX STATEMENT** **2022**

Copy C - For EMPLOYEE'S RECORDS
AA227W Rev. 08/12/2022

OMB No. 1545-0008
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
 Check only one box.

☒ **Single**

☐ **Head of household (HOH)**

☐ **Married filing jointly**

☐ **Qualifying surviving spouse (QSS)**

☐ **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:

Your first name and middle initial

Reemberto

Last name

Diaz

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.

6234 paradise point drive

Apt. no.

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

palmetto bay

State

FL

ZIP code

33157

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

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**

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

(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
If more than four dependents, see instructions and check here ☐					Credit for other dependents
					☐
					☐
					☐
					☐

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	172,771.
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	172,771.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
5a Pensions and annuities	5a	
6a Social security benefits	6a	
b Taxable interest	2b	
b Ordinary dividends	3b	
b Taxable amount	4b	
b Taxable amount	5b	
b Taxable amount	6b	
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	

Attach Schedule B if required.

Standard Deduction

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

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	172,771.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income . . .	11	172,771.
12	Standard deduction or itemized deductions (from Schedule A) . . .	12	14,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A . .	13	
14	Add lines 12 and 13	14	14,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	158,071.
Tax and Credits			
16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐ _____	16	31,773.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	31,773.
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	31,773.
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	31,773.
Payments			
25	Federal income tax withheld from: a Form(s) W-2 b Form(s) 1099 c Other forms (see instructions) d Add lines 25a through 25c	25a 25b 25c 25d	34,539. 34,539.
26	2022 estimated tax payments and amount applied from 2021 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	34,539.

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