

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/24/2023

General Information

Name: Ms Elaine Alexandra Carbuccia Esq
Address: 201 SE 6TH ST, FT LAUDERDALE, FL 33301
County: Broward

CONFIDENTIAL

PID 303248

AGENCY INFORMATION

Organization	Suborganization	Title

Net Worth

My Net Worth as of April 21, 2023 was \$ 121,769.34.

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, {REDACTED}	\$ 362,580.00
Bank of America	\$ 12,640.00
Synchrony Bank	\$ 2,036.51
Equitable Brokerage Retirement	\$ 7,046.31
Florida Retirement Systems	\$ 12,486.42

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Specialized Loan Servicing, LLC	P.O. Box 636005, Littleton, CO 80163-6005	\$ 218,864.61
Department of Education - MOHELA	P.O. Box 790233, St. Louis, MO 63179-0233	\$ 96,155.29

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.

Elaine A. Carbuccia, Esq.

Digitally signed: 05/24/2023

Filed with COE: 05/24/2023

FORM
W-2 Wage and Tax Statement
Copy B—To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

2022

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

c Employer's name, address, and ZIP code ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS, FL 33054 US		9	3 Wages, tips, other compensation 4,000.00	2 Federal income tax withheld 333.38
d Control number		10 Dependent care benefits 0.00	5 Social security wages 4,000.00	4 Social security tax withheld 248.00
e Employee's name, address, and ZIP code ELAINE A CARBUCCIA [REDACTED]		11 Nonqualified plans 0.00	6 Medicare wages and tips 4,000.00	6 Medicare tax withheld 58.00
		12a (See instructions for box 12)	7 Social security tips 0.00	8 Allocated tips 0.00
		12b	13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	14 Other
		a Employee's social security number [REDACTED]	b Employer identification number (EIN) 59-0949880	
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
Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

2022

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FORM
W-2 Wage and Tax Statement
Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back)

2022

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				19 Local income tax
				20 Locality name

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
UNITED STATES FEDERAL COURTS
ONE COLUMBUS CIRCLE, NE
SUITE 5-560
WASHINGTON DC 20544

e Employee's name, address, and ZIP code

ELAINE A CARBUCCIA

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. 1545-0008

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 information is taxable and you fail to report it.

Form **W-2 Wage and Tax Statement** 2022

c Employer's name, address, and ZIP code
UNITED STATES FEDERAL COURTS
ONE COLUMBUS CIRCLE, NE
SUITE 5-560
WASHINGTON DC 20544

e Employee's name, address, and ZIP code

ELAINE A CARBUCCIA

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 (See Notice to Employee on back of Copy B.)

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

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UNITED STATES FEDERAL COURTS
ONE COLUMBUS CIRCLE, NE
SUITE 5-560
WASHINGTON DC 20544

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ELAINE A CARBUCCIA

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

OMB No. 1545-0008

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** 2022

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ONE COLUMBUS CIRCLE, NE
SUITE 5-560
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ELAINE A CARBUCCIA

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

L87

OMB No. 1545-0008

5206

Dept. of the Treasury - IRS

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

ELAINE A CARBUCCIA

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (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	109,338.
2	Total tax	2	16,966.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,336.
4	Amount you want refunded to you	4	
5	Amount you owe	5	630.

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

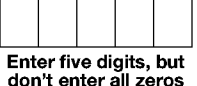
☒ I authorize MARIA E DENIS to enter or generate my PIN  as my signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ► 

Date ► 02/22/2023

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN  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.



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 authorized 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 ►

Date ►

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2022

▼ Detach Here and Mail With Your Payment and Return ▼

Department of the Treasury
Internal Revenue Service

2022

Form 1040-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 1040.
- ▶ Do not staple this voucher or your payment to Form 1040.
- ▶ Make your check or money order payable to the United States Treasury.
- ▶ Write your social security number (SSN) on your check or money order.

Enter the amount
of your payment ▶

630.

REV 02/10/23 PRO

1555

ELAINE A CARBUCCIA

INTERNAL REVENUE SERVICE
P.O. BOX 1214
CHARLOTTE, NC 28201-1214

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 ELAINE A	Last name CARBUCCIA	Your social security number [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. [REDACTED]		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. [REDACTED]		State [REDACTED]
Foreign country name		ZIP code [REDACTED]
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):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			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.

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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	109,338.
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	109,338.
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	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	109,338.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	109,338.
12	Standard deduction or itemized deductions (from Schedule A)	12	12,950.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	12,950.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	96,388.

Form **1040** (2022)

2022

Preparer Electronic Filing Instructions
Federal

ELAINE A CARBUCCIA

Accepted Date

This return is NOT FINISHED until you complete the following instructions

Prior to transmission of the return

Form 8879

The taxpayer should review, sign and date Form 8879 and return to you prior to transmitting the tax return.

Balance Due

There is a balance due in the amount of \$630.00.

Mailing a paper check has been selected.

After transmission of the return

This return has not been transmitted