

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2023

General Information

Name: Hon Gary J Gregor

Address: 571 US Highway 90 E, Defuniak Spgs, FL 32433

PID 289711

County: Walton

AGENCY INFORMATION

Organization	Suborganization	Title
Walton County	Elected Constitutional Officer	Property Appraiser

Net Worth

My Net Worth as of December 31, 2022 was \$ 300,000.00.

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 \$ 140,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence, 515 Pond Rd., DeFuniak Springs, FL	\$ 700,000.00
Regions Checking/Savings Accounts	\$ 4,890.00
Eglin FCU Checking/Savings Accounts	\$ 3,980.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Eglin FCU	838 Eglin Parkway NE, Ft. Walton Beach, FL 32547	\$ 293,091.22
Eglin FCU	838 Eglin Parkway NE, Ft. Walton Beach, FL 32547	\$ 63,747.78

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

- ☒ 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.

Gary J Gregor

Digitally signed: 06/05/2023

Filed with COE: 06/05/2023

IRS e-file Signature Authorization

OMB No. 1545-0074
2022

- ▶ 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 Gary Gregor	Social security number [REDACTED]
Spouse's name Brianne N Gregor	Spouse's social security number [REDACTED]

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	177,970
2	Total tax	2	20,689
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	16,555
4	Amount you want refunded to you	4	
5	Amount you owe	5	4,216

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

Amount owed will be debited from: [REDACTED]

☒ I authorize Elray Enterprises Inc to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros

☐ 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 ▶ [Signature] Date ▶ 04-13-2023

Spouse's PIN: check one box only

☒ I authorize Elray Enterprises Inc to enter or generate my PIN [REDACTED] as my signature on the income tax return (original or amended) I am now authorizing.
ERO firm name Enter five digits, but don't enter all zeros

☐ 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 ▶ [Signature] Date ▶ 04-13-2023

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 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 ▶ [Signature] Date ▶ 04-13-2023

ERO Must Retain This Form - See Instructions

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

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 Gary	Last name Gregor	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Brianne N	Last name Gregor	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 515 Pond Rd		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
City, town, or post office. If you have a foreign address, also complete spaces below. Defuniak Springs		
State FL	ZIP code 32433	
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 (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
Chyanne	Gregor	[REDACTED]	Daughter	☒	☐
Easton	Gregor	[REDACTED]	Son	☒	☐
				☐	☐
				☐	☐

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	184,822
	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	184,822
	2a Tax-exempt interest 2a	2b Taxable interest	
	3a Qualified dividends 3a	3b Ordinary dividends	
	4a IRA distributions 4a	4b Taxable amount	
	5a Pensions and annuities 5a	5b Taxable amount	
	6a Social security benefits 6a	6b Taxable amount	
	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	(6,602)
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	178,220
	10 Adjustments to income from Schedule 1, line 26	10	250
	11 Subtract line 10 from line 9. This is your adjusted gross income	11	177,970
	12 Standard deduction or itemized deductions (from Schedule A)	12	25,900
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13	
	14 Add lines 12 and 13	14	25,900
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	152,070

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Tax and Credits		16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ 17 Amount from Schedule 2, line 3 18 Add lines 16 and 17 19 Child tax credit or credit for other dependents from Schedule 8812 20 Amount from Schedule 3, line 8 21 Add lines 19 and 20 22 Subtract line 21 from line 18. If zero or less, enter -0- 23 Other taxes, including self-employment tax, from Schedule 2, line 21 24 Add lines 22 and 23. This is your total tax		16 24,689 17 18 24,689 19 4,000 20 21 4,000 22 20,689 23 24 20,689
Payments		25 Federal income tax withheld from: a Form(s) W-2 25a 16,555 b Form(s) 1099 25b c Other forms (see instructions) 25c d Add lines 25a through 25c 25d 16,555 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 0 33 Add lines 25d, 26, and 32. These are your total payments 33 16,555		25d 16,555 26 27 28 29 30 31 32 0 33 16,555
Refund		34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid 34 0 35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐ 35a 0 b Routing number c Type: ☐ Checking ☐ Savings d Account number 36 Amount of line 34 you want applied to your 2023 estimated tax 36		34 0 35a 0 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 4,216 38 Estimated tax penalty (see instructions) 38 82		37 4,216 38 82
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 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 04-13-2023 Your occupation Property Appraiser Spouse's signature. If a joint return, both must sign. Date 04-13-2023 Spouse's occupation Phone no. 850-803-4001 Email address		If the IRS sent you an Identity Protection PIN, enter it here (see inst.) If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only		Preparer's signature <i>Lisa R Byers</i> Date 04-13-2023 PTIN P00347616 Preparer's name Lisa Byers Phone no. 850-682-6712 Firm's name Elray Enterprises Inc Firm's address 300 Walden Street Crestview, FL 32539		Check if: ☐ Self-employed Firm's EIN 59-1906701