

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 02/20/2024

General Information

Name: Ms Mary Sue Adams

PID 223923

AGENCY INFORMATION

Organization	Suborganization	Title
Hamilton County	Elected Constitutional Officer	Tax Collector

Net Worth

My Net Worth as of December 31, 2023 was \$ 551,372.00.

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 \$ 45,000.00.

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	\$ 102,322.00
Ameris Bank - Savings Acct	\$ 29,092.00
Ameris Bank - Certificate of Deposit	\$ 31,888.00
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
GM Financial	PO Box 78143 Phoenix, AZ 85062-8143	\$ 32,457.00

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. 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			

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

N/A

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.

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: 02/20/2024

Filed with COE: 02/20/2024

a Employee's social security number		Copy B—To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008			
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other compensation ✓ 113745.35		2 Federal income tax withheld ✓ 19437.00	
c Employer's name, address, and ZIP code TAX COLLECTOR OPERATING HAMILTON COUNTY OFFICE OF TAX COL 207 NE 1ST ST ROOM #104 JASPER FL 32052		3 Social security wages 114945.35		4 Social security tax withheld 7126.61	
		5 Medicare wages and tips 114945.35		6 Medicare tax withheld 1666.71	
		7 Social security tips		8 Allocated tips	
d Control number		9 [REDACTED]		10 Dependent care benefits	
e Employee's name, address, and ZIP code MARY S ADAMS 1540 HATLEY ST JASPER FL 32052		11 Nonqualified plans		12a See instructions for box 12 G 1200.00	
		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		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

2023

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service**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

Mary S Adams

Spouse's name

Social security number

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2023 (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	114,125.
2	Total tax	2	17,466.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	19,437.
4	Amount you want refunded to you	4	1,971.
5	Amount you owe	5	

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 Kenneth M. Daniels, CPA PA to enter or generate my PIN
ERO firm name

 Enter five digits, but don't enter all zeros

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 ►

COPY

Date ►

Spouse's PIN: check one box only

☐ I authorize _____ to enter or generate my PIN
ERO firm name

 Enter five digits, but don't enter all zeros

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 ►

Kenneth M. Daniels, CPA PA

Date ►

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

For Paperwork Reduction Act Notice, see your tax return instructions. BAA

REV 02/11/24 PRO

Form 8879 (Rev. 01-2021)

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial
Mary S
Last name
Adams
Your social security number
[REDACTED]
If joint return, spouse's first name and middle initial
Last name
Spouse's social security number
[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.
1540 Hatley Street W
City, town, or post office. If you have a foreign address, also complete spaces below.
Jasper
Foreign country name
Foreign province/state/county
Apt. no.
ZIP code
FL 32052
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

Filing Status ☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ 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: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, 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, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

(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	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.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	113,745.
	1b	Household employee wages not reported on Form(s) W-2	
	1c	Tip income not reported on line 1a (see instructions)	
	1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
	1e	Taxable dependent care benefits from Form 2441, line 26	
	1f	Employer-provided adoption benefits from Form 8839, line 29	
	1g	Wages from Form 8919, line 6	
	1h	Other earned income (see instructions)	0.
	1i	Nontaxable combat pay election (see instructions)	
	1z	Add lines 1a through 1h	113,745.

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	2a	Tax-exempt interest	2a		b Taxable interest	
	3a	Qualified dividends	3a		b Ordinary dividends	
	4a	IRA distributions	4a		b Taxable amount	
	5a	Pensions and annuities	5a		b Taxable amount	
	6a	Social security benefits	6a		b 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				
	8	Additional income from Schedule 1, line 10				
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income				114,125.
	10	Adjustments to income from Schedule 1, line 26				
	11	Subtract line 10 from line 9. This is your adjusted gross income				114,125.
	12	Standard deduction or itemized deductions (from Schedule A)				13,850.
	13	Qualified business income deduction from Form 8995 or Form 8995-A				
	14	Add lines 12 and 13				13,850.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income				100,275.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	17,466.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	17,466.
	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	17,466.
	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	17,466.	

Payments	25	Federal income tax withheld from:	25a	19,437.	25d	19,437.
	a	Form(s) W-2	25b			
	b	Form(s) 1099	25c			
	c	Other forms (see instructions)				
	d	Add lines 25a through 25c				
	26	2023 estimated tax payments and amount applied from 2022 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	19,437.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,971.																	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,971.																	
	b	Routing number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: ☐ Checking ☐ Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	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	
	38	Estimated tax penalty (see instructions)	38	

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	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 your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	Kenneth M Daniels CPA PA	Kenneth M Daniels CPA PA	02/17/2024		☒ Self-employed
	Firm's name	Kenneth M. Daniels, CPA PA	Phone no. (386) 792-1906		
	Firm's address	107 2nd Ave SE Jasper FL 32052	Firm's EIN		