

**General Information**

Name: Jorge Andre Perez Santiago

PID 303240

**AGENCY INFORMATION**

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

**CANDIDATE FOR**

| Position     | Agency Name           | Position sought or held      |
|--------------|-----------------------|------------------------------|
| County Judge | 11th Judicial Circuit | County Court Judge, Group 06 |

**Net Worth**My Net Worth as of April 12, 2024 was \$ 1,864,533.67.**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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

**2023 Form 6 - Full and Public Disclosure of Financial Interests**

Filed with COE: 04/17/2024

| Description of Asset                                                                            | Value of Asset  |
|-------------------------------------------------------------------------------------------------|-----------------|
| Residential Home                                                                                | \$ 1,900,000.00 |
| Bank Account (Wells Fargo)                                                                      | \$ 10,693.59    |
| Bank Account (Wells Fargo)                                                                      | \$ 3,365.74     |
| Bank Account (Wells Fargo)                                                                      | \$ 1,150.05     |
| Bank Account (Wells Fargo)                                                                      | \$ 31,308.10    |
| Retirement Plan (FRS Florida Retirement System: FRS 2050 Retirement Date Fund (2050))           | \$ 53,704.95    |
| 529 account (New York's 529 College Savings Program Direct Plan account: Aggressive Portfolio)) | \$ 31,913.08    |
| 529 account (New York's 529 College Savings Program Direct Plan account: Aggressive Portfolio)) | \$ 17,812.33    |
| 529 account (New York's 529 College Savings Program Direct Plan account: Aggressive Portfolio)) | \$ 7,927.90     |
| 529 account (New York's 529 College Savings Program Direct Plan account)                        | \$ 31,963.66    |
| Lease (VW)                                                                                      | \$ 4,915.40     |
| Lease (Honda)                                                                                   | \$ 6,300.20     |
| 401k Retirement Account (Voya Financial: 9374 Vanguard High-Yld Corporate Fnd Adm)              | \$ 47,117.15    |
| 401k Retirement Account (Voya Financial: 7926 Vanguard Equity Income Fund Adm)                  | \$ 54,272.32    |
| 401k Retirement Account (Voya Financial: 8969 DFA U.S. Large Cap Growth Port Inst))             | \$ 65,902.75    |
| 401k Retirement Account (Voya Financial: 0970 Carillon Eagle Mid Cap Growth Fd R6))             | \$ 31,794.11    |
| Campaign Account Loan                                                                           | \$ 50,000.00    |

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor          | Address of Creditor                      | Amount of Liability |
|---------------------------|------------------------------------------|---------------------|
| Wells Fargo Home Mortgage | P.O. Box 10335 Des Moines, IA 50306-0335 | \$ 523,426.20       |
| Honda Financial Services  | PO Box 7829 Philadelphia, PA 19101-7829  | \$ 11,700.00        |
| VW Credit Leasing, Inc    | PO Box 5215 Carol Stream, IL 60197-5215  | \$ 12,225.00        |

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**

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.

***Jorge Andre Perez Santiago***

Digitally signed: 04/17/2024

Filed with COE: 04/17/2024

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  
**Jorge A**

Last name  
**Perez**

Your social security number  
[REDACTED]

If joint return, spouse's first name and middle initial  
**Mirels K**

Last name  
**Davila**

Spouse's social security number  
[REDACTED]

Home address (number and street). If you have a P.O. box, see instructions.  
**7301 SW 115 Street**

Apt. no.  
[REDACTED]

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.  
**Miami**

State  
**FL**

ZIP code  
**33156**

Foreign country name  
[REDACTED]

Foreign province/state/county  
[REDACTED]

Foreign postal code  
[REDACTED]

**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

| 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 |
| Eva M                          | Perez Davila | [REDACTED]                 | Daughter                | <input checked="" type="checkbox"/>                    | <input type="checkbox"/>    |
| Mateo A                        | Perez Davila | [REDACTED]                 | Son                     | <input checked="" type="checkbox"/>                    | <input type="checkbox"/>    |
| Paulo J                        | Perez Davila | [REDACTED]                 | Son                     | <input checked="" type="checkbox"/>                    | <input type="checkbox"/>    |
| Diego A                        | Perez Davila | [REDACTED]                 | Son                     | <input checked="" type="checkbox"/>                    | <input type="checkbox"/>    |

**Income**

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a** 207,585.

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** 207,585.

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 ☐

8 Additional income from Schedule 1, line 10 **7**

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income** **8**

10 Adjustments to income from Schedule 1, line 26 **9** 207,585.

11 Subtract line 10 from line 9. This is your **adjusted gross income** **10**

12 **Standard deduction or itemized deductions** (from Schedule A) **11** 207,585.

13 **Qualified business income deduction** from Form 8995 or Form 8995-A **12** 27,700.

14 Add lines 12 and 13 **13**

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** **14** 27,700. **15** 179,885.

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

Form **1040** (2023)

|                                      |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                            |                                      |                                                                                     |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------|
| <b>Tax and Credits</b>               | <b>16</b>                                                                                                                                                                                                                                                                                                          | <b>Tax</b> (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____                                 | <b>16</b>                            | <b>30,190.</b>                                                                      |
|                                      | <b>17</b>                                                                                                                                                                                                                                                                                                          | Amount from Schedule 2, line 3                                                                                                                                                             | <b>17</b>                            |                                                                                     |
|                                      | <b>18</b>                                                                                                                                                                                                                                                                                                          | Add lines 16 and 17                                                                                                                                                                        | <b>18</b>                            | <b>30,190.</b>                                                                      |
|                                      | <b>19</b>                                                                                                                                                                                                                                                                                                          | Child tax credit or credit for other dependents from Schedule 8812                                                                                                                         | <b>19</b>                            | <b>8,000.</b>                                                                       |
|                                      | <b>20</b>                                                                                                                                                                                                                                                                                                          | Amount from Schedule 3, line 8                                                                                                                                                             | <b>20</b>                            |                                                                                     |
|                                      | <b>21</b>                                                                                                                                                                                                                                                                                                          | Add lines 19 and 20                                                                                                                                                                        | <b>21</b>                            | <b>8,000.</b>                                                                       |
|                                      | <b>22</b>                                                                                                                                                                                                                                                                                                          | Subtract line 21 from line 18. If zero or less, enter -0-                                                                                                                                  | <b>22</b>                            | <b>22,190.</b>                                                                      |
|                                      | <b>23</b>                                                                                                                                                                                                                                                                                                          | Other taxes, including self-employment tax, from Schedule 2, line 21                                                                                                                       | <b>23</b>                            | <b>0.</b>                                                                           |
|                                      | <b>24</b>                                                                                                                                                                                                                                                                                                          | Add lines 22 and 23. This is your <b>total tax</b>                                                                                                                                         | <b>24</b>                            | <b>22,190.</b>                                                                      |
| <b>Payments</b>                      | <b>25</b>                                                                                                                                                                                                                                                                                                          | Federal income tax withheld from:                                                                                                                                                          |                                      |                                                                                     |
|                                      | <b>a</b>                                                                                                                                                                                                                                                                                                           | Form(s) W-2                                                                                                                                                                                | <b>25a</b>                           | <b>40,607.</b>                                                                      |
|                                      | <b>b</b>                                                                                                                                                                                                                                                                                                           | Form(s) 1099                                                                                                                                                                               | <b>25b</b>                           |                                                                                     |
|                                      | <b>c</b>                                                                                                                                                                                                                                                                                                           | Other forms (see instructions)                                                                                                                                                             | <b>25c</b>                           |                                                                                     |
|                                      | <b>d</b>                                                                                                                                                                                                                                                                                                           | Add lines 25a through 25c                                                                                                                                                                  | <b>25d</b>                           | <b>40,607.</b>                                                                      |
|                                      | <b>26</b>                                                                                                                                                                                                                                                                                                          | 2023 estimated tax payments and amount applied from 2022 return                                                                                                                            | <b>26</b>                            |                                                                                     |
|                                      | <b>27</b>                                                                                                                                                                                                                                                                                                          | Earned income credit (EIC) . . . . . <b>No</b>                                                                                                                                             | <b>27</b>                            |                                                                                     |
|                                      | <b>28</b>                                                                                                                                                                                                                                                                                                          | Additional child tax credit from Schedule 8812                                                                                                                                             | <b>28</b>                            |                                                                                     |
|                                      | <b>29</b>                                                                                                                                                                                                                                                                                                          | American opportunity credit from Form 8863, line 8                                                                                                                                         | <b>29</b>                            |                                                                                     |
|                                      | <b>30</b>                                                                                                                                                                                                                                                                                                          | Reserved for future use                                                                                                                                                                    | <b>30</b>                            |                                                                                     |
|                                      | <b>31</b>                                                                                                                                                                                                                                                                                                          | Amount from Schedule 3, line 15                                                                                                                                                            | <b>31</b>                            | <b>3,466.</b>                                                                       |
|                                      | <b>32</b>                                                                                                                                                                                                                                                                                                          | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>                                                                                            | <b>32</b>                            | <b>3,466.</b>                                                                       |
|                                      | <b>33</b>                                                                                                                                                                                                                                                                                                          | Add lines 25d, 26, and 32. These are your <b>total payments</b>                                                                                                                            | <b>33</b>                            | <b>44,073.</b>                                                                      |
| <b>Refund</b>                        | <b>34</b>                                                                                                                                                                                                                                                                                                          | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>                                                                                     | <b>34</b>                            | <b>21,883.</b>                                                                      |
|                                      | <b>35a</b>                                                                                                                                                                                                                                                                                                         | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>                                                                          | <b>35a</b>                           | <b>21,883.</b>                                                                      |
| Direct deposit?<br>See instructions. | <b>b</b>                                                                                                                                                                                                                                                                                                           | Routing number <span style="background-color: black; color: black;">XXXXXXXXXX</span>                                                                                                      | <b>c</b>                             | Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings |
|                                      | <b>d</b>                                                                                                                                                                                                                                                                                                           | Account number <span style="background-color: black; color: black;">XXXXXXXXXX</span>                                                                                                      |                                      |                                                                                     |
|                                      | <b>36</b>                                                                                                                                                                                                                                                                                                          | Amount of line 34 you want <b>applied to your 2024 estimated tax</b>                                                                                                                       | <b>36</b>                            |                                                                                     |
| <b>Amount You Owe</b>                | <b>37</b>                                                                                                                                                                                                                                                                                                          | 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. | <b>37</b>                            |                                                                                     |
|                                      | <b>38</b>                                                                                                                                                                                                                                                                                                          | Estimated tax penalty (see instructions)                                                                                                                                                   | <b>38</b>                            |                                                                                     |
| <b>Third Party Designee</b>          | Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> <b>Yes. Complete below.</b> <input checked="" type="checkbox"/> <b>No</b>                                                                                                                       |                                                                                                                                                                                            |                                      |                                                                                     |
|                                      | Designee's name                                                                                                                                                                                                                                                                                                    | Phone no.                                                                                                                                                                                  | Personal identification number (PIN) |                                                                                     |
| <b>Sign Here</b>                     | 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                                                                                                                                                                              |                                      |                                                                                     |
| <b>Paid Preparer Use Only</b>        | Preparer's name                                                                                                                                                                                                                                                                                                    | Preparer's signature                                                                                                                                                                       | Date                                 | PTIN                                                                                |
|                                      | <b>RALPH MAYA</b>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            | <b>02/29/2024</b>                    | <b>P00366566</b>                                                                    |
|                                      | Firm's name                                                                                                                                                                                                                                                                                                        | Firm's address                                                                                                                                                                             |                                      | Check If: <input type="checkbox"/> Self-employed                                    |
|                                      | <b>RALPH MAYA &amp; COMPANY, CPAs, P.A.</b>                                                                                                                                                                                                                                                                        | <b>7600 S. RED ROAD, SUITE 214 SOUTH MIAMI FL 33143</b>                                                                                                                                    |                                      | Phone no. <b>(305) 669-9311</b>                                                     |
|                                      | Firm's EIN                                                                                                                                                                                                                                                                                                         | <b>45-0529082</b>                                                                                                                                                                          |                                      |                                                                                     |

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

BAA

REV 02/18/24 PRO

Form **1040** (2023)

**SCHEDULE 3**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Credits and Payments**

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **03**

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

Jorge A Perez & Mirels K Davila

Your social security number

**Part I Nonrefundable Credits**

|    |                                                                                                           |    |  |
|----|-----------------------------------------------------------------------------------------------------------|----|--|
| 1  | Foreign tax credit. Attach Form 1116 if required . . . . .                                                | 1  |  |
| 2  | Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441 . . . . .          | 2  |  |
| 3  | Education credits from Form 8863, line 19 . . . . .                                                       | 3  |  |
| 4  | Retirement savings contributions credit. Attach Form 8880 . . . . .                                       | 4  |  |
| 5a | Residential clean energy credit from Form 5695, line 15 . . . . .                                         | 5a |  |
| b  | Energy efficient home improvement credit from Form 5695, line 32 . . . . .                                | 5b |  |
| 6  | Other nonrefundable credits:                                                                              |    |  |
| a  | General business credit. Attach Form 3800 . . . . .                                                       | 6a |  |
| b  | Credit for prior year minimum tax. Attach Form 8801 . . . . .                                             | 6b |  |
| c  | Adoption credit. Attach Form 8839 . . . . .                                                               | 6c |  |
| d  | Credit for the elderly or disabled. Attach Schedule R . . . . .                                           | 6d |  |
| e  | Reserved for future use . . . . .                                                                         | 6e |  |
| f  | Clean vehicle credit. Attach Form 8936 . . . . .                                                          | 6f |  |
| g  | Mortgage interest credit. Attach Form 8396 . . . . .                                                      | 6g |  |
| h  | District of Columbia first-time homebuyer credit. Attach Form 8859 . . . . .                              | 6h |  |
| i  | Qualified electric vehicle credit. Attach Form 8834 . . . . .                                             | 6i |  |
| j  | Alternative fuel vehicle refueling property credit. Attach Form 8911 . . . . .                            | 6j |  |
| k  | Credit to holders of tax credit bonds. Attach Form 8912 . . . . .                                         | 6k |  |
| l  | Amount on Form 8978, line 14. See instructions . . . . .                                                  | 6l |  |
| m  | Credit for previously owned clean vehicles. Attach Form 8936 . . . . .                                    | 6m |  |
| z  | Other nonrefundable credits. List type and amount: _____                                                  | 6z |  |
| 7  | Total other nonrefundable credits. Add lines 6a through 6z . . . . .                                      | 7  |  |
| 8  | Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20 . . . . . | 8  |  |

(continued on page 2)

**Part II Other Payments and Refundable Credits**

|           |                                                                                                    |            |        |
|-----------|----------------------------------------------------------------------------------------------------|------------|--------|
| <b>9</b>  | Net premium tax credit. Attach Form 8962 . . . . .                                                 | <b>9</b>   |        |
| <b>10</b> | Amount paid with request for extension to file (see instructions) . . . . .                        | <b>10</b>  |        |
| <b>11</b> | Excess social security and tier 1 RRTA tax withheld . . . . .                                      | <b>11</b>  | 3,466. |
| <b>12</b> | Credit for federal tax on fuels. Attach Form 4136 . . . . .                                        | <b>12</b>  |        |
| <b>13</b> | Other payments or refundable credits:                                                              |            |        |
| <b>a</b>  | Form 2439 . . . . .                                                                                | <b>13a</b> |        |
| <b>b</b>  | Credit for repayment of amounts included in income from earlier years . . . . .                    | <b>13b</b> |        |
| <b>c</b>  | Elective payment election amount from Form 3800, Part III, line 6, column (i) . . . . .            | <b>13c</b> |        |
| <b>d</b>  | Deferred amount of net 965 tax liability (see instructions) . . . . .                              | <b>13d</b> |        |
| <b>z</b>  | Other payments or refundable credits. List type and amount:                                        | <b>13z</b> |        |
| <b>14</b> | Total other payments or refundable credits. Add lines 13a through 13z . . . . .                    | <b>14</b>  |        |
| <b>15</b> | Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31 . . . . . | <b>15</b>  | 3,466. |

BAA

REV 02/16/24 PRO

Schedule 3 (Form 1040) 2023

**SCHEDULE 8812**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Credits for Qualifying Children  
and Other Dependents**

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to [www.irs.gov/Schedule8812](http://www.irs.gov/Schedule8812) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **47**

Name(s) shown on return

**Jorge A Perez & Mirels K Davila**

Your social security number

**Part I Child Tax Credit and Credit for Other Dependents**

|           |                                                                                                                                                                                                                                                                                                                                                                     |           |          |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR                                                                                                                                                                                                                                                                                                | <b>1</b>  | 207,585. |
| <b>2a</b> | Enter income from Puerto Rico that you excluded                                                                                                                                                                                                                                                                                                                     | <b>2a</b> |          |
| <b>b</b>  | Enter the amounts from lines 45 and 50 of your Form 2555                                                                                                                                                                                                                                                                                                            | <b>2b</b> | 0.       |
| <b>c</b>  | Enter the amount from line 15 of your Form 4563                                                                                                                                                                                                                                                                                                                     | <b>2c</b> |          |
| <b>d</b>  | Add lines 2a through 2c                                                                                                                                                                                                                                                                                                                                             | <b>2d</b> | 0.       |
| <b>3</b>  | Add lines 1 and 2d                                                                                                                                                                                                                                                                                                                                                  | <b>3</b>  | 207,585. |
| <b>4</b>  | Number of qualifying children under age 17 with the required social security number                                                                                                                                                                                                                                                                                 | <b>4</b>  | 4        |
| <b>5</b>  | Multiply line 4 by \$2,000                                                                                                                                                                                                                                                                                                                                          | <b>5</b>  | 8,000.   |
| <b>6</b>  | Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number<br><b>Caution:</b> Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.                              | <b>6</b>  | 0        |
| <b>7</b>  | Multiply line 6 by \$500                                                                                                                                                                                                                                                                                                                                            | <b>7</b>  |          |
| <b>8</b>  | Add lines 5 and 7                                                                                                                                                                                                                                                                                                                                                   | <b>8</b>  | 8,000.   |
| <b>9</b>  | Enter the amount shown below for your filing status.<br>• Married filing jointly—\$400,000<br>• All other filing statuses—\$200,000                                                                                                                                                                                                                                 | <b>9</b>  | 400,000. |
| <b>10</b> | Subtract line 9 from line 3.<br>• If zero or less, enter -0-.<br>• If more than zero and not a multiple of \$1,000, enter the next multiple of \$1,000. For example, if the result is \$425, enter \$1,000; if the result is \$1,025, enter \$2,000, etc.                                                                                                           | <b>10</b> | 0.       |
| <b>11</b> | Multiply line 10 by 5% (0.05)                                                                                                                                                                                                                                                                                                                                       | <b>11</b> | 0.       |
| <b>12</b> | Is the amount on line 8 more than the amount on line 11?<br><input type="checkbox"/> <b>No. STOP.</b> You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.<br><input checked="" type="checkbox"/> <b>Yes.</b> Subtract line 11 from line 8. Enter the result. | <b>12</b> | 8,000.   |
| <b>13</b> | Enter the amount from <b>Credit Limit Worksheet A</b>                                                                                                                                                                                                                                                                                                               | <b>13</b> | 30,190.  |
| <b>14</b> | Enter the smaller of line 12 or line 13. <b>This is your child tax credit and credit for other dependents.</b><br><b>Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.</b>                                                                                                                                                                              | <b>14</b> | 8,000.   |

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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

BAA

REV 02/18/24 PRO

Schedule 8812 (Form 1040) 2023

**Part II-A Additional Child Tax Credit for All Filers****Caution:** If you file Form 2555, you cannot claim the additional child tax credit.

|                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>15</b>                                                                                                           | Check this box if you <b>do not</b> want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> |
| <b>16a</b>                                                                                                          | Subtract line 14 from line 12. If zero, <b>stop here</b> ; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .                                                                                                                                                                                                                                                                                                                                               | <b>16a</b> 0.            |
| <b>b</b>                                                                                                            | Number of qualifying children under 17 with the required social security number: _____ x \$1,600.<br>Enter the result. If zero, <b>stop here</b> ; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . .                                                                                                                                                                                                                                                      | <b>16b</b>               |
| <b>TIP:</b> The number of children you use for this line is the same as the number of children you used for line 4. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |
| <b>17</b>                                                                                                           | Enter the <b>smaller</b> of line 16a or line 16b . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>17</b>                |
| <b>18a</b>                                                                                                          | Earned income (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>18a</b>               |
| <b>b</b>                                                                                                            | Nontaxable combat pay (see instructions) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>18b</b>               |
| <b>19</b>                                                                                                           | Is the amount on line 18a more than \$2,500?<br><input type="checkbox"/> <b>No.</b> Leave line 19 blank and enter -0- on line 20.<br><input type="checkbox"/> <b>Yes.</b> Subtract \$2,500 from the amount on line 18a. Enter the result . . . . .                                                                                                                                                                                                                                                                 | <b>19</b>                |
| <b>20</b>                                                                                                           | Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . .<br><b>Next.</b> On line 16b, is the amount \$4,800 or more?<br><input type="checkbox"/> <b>No.</b> If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the <b>smaller</b> of line 17 or line 20 on line 27.<br><input type="checkbox"/> <b>Yes.</b> If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21. | <b>20</b>                |

**Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico**

|           |                                                                                                                                                                                                                                                                                                                                          |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>21</b> | Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions. . . . . | <b>21</b> |
| <b>22</b> | Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . . . .                                                                                                                                                       | <b>22</b> |
| <b>23</b> | Add lines 21 and 22 . . . . .                                                                                                                                                                                                                                                                                                            | <b>23</b> |
| <b>24</b> | <b>1040 and</b><br><b>1040-SR filers:</b> Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. }<br><b>1040-NR filers:</b> Enter the amount from Schedule 3 (Form 1040), line 11. }                                                                                                   | <b>24</b> |
| <b>25</b> | Subtract line 24 from line 23. If zero or less, enter -0- . . . . .                                                                                                                                                                                                                                                                      | <b>25</b> |
| <b>26</b> | Enter the <b>larger</b> of line 20 or line 25 . . . . .<br><b>Next,</b> enter the <b>smaller</b> of line 17 or line 26 on line 27.                                                                                                                                                                                                       | <b>26</b> |

**Part II-C Additional Child Tax Credit**

|           |                                                                                                                  |           |
|-----------|------------------------------------------------------------------------------------------------------------------|-----------|
| <b>27</b> | This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28 . . . . . | <b>27</b> |
|-----------|------------------------------------------------------------------------------------------------------------------|-----------|

|                                                                                                                                                                       |                            |                                                                                                                                                  |                            |                                                 |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|------------------|
| a Employee's social security number<br>[REDACTED]                                                                                                                     |                            | Payroll organization code<br>22-25-11-13-110                                                                                                     |                            | Intradepartment number<br>0000000135            |                  |
| b Employer identification number (EIN)<br>59-6001874                                                                                                                  |                            | 1 Wages, tips, other compensation<br>97,624.62                                                                                                   |                            | 2 Federal income tax withheld<br>17,640.93      |                  |
| c Employer's name, address, and ZIP code<br><br>State of Florida<br>Jimmy Patronis, Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 |                            | 3 Social security wages<br>100,705.26                                                                                                            |                            | 4 Social security tax withheld<br>6,243.73      |                  |
|                                                                                                                                                                       |                            | 5 Medicare wages and tips<br>100,705.26                                                                                                          |                            | 6 Medicare tax withheld<br>1,460.23             |                  |
|                                                                                                                                                                       |                            | 7 Social security tips                                                                                                                           |                            | 10 Dependent care benefits                      |                  |
| d Control number<br>018133 01/05                                                                                                                                      |                            | 11 Nonqualified plans                                                                                                                            |                            | 12a See instructions for box 12<br>DD 12,817.56 |                  |
| e Employee's first name, mi, and last name<br><br>JORGE A PEREZ<br>7301 SW 115TH STREET<br>PINECREST, FL 33156-0000                                                   |                            | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> |                            | 12b                                             |                  |
|                                                                                                                                                                       |                            | 14 Other<br>125 1,982.64                                                                                                                         |                            | 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** **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

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

|                                                                                                                                                                       |                            |                                                                                                                                                  |                            |                                                 |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------|------------------|
| a Employee's social security number<br>[REDACTED]                                                                                                                     |                            | Payroll organization code<br>22-25-11-13-110                                                                                                     |                            | Intradepartment number<br>0000000135            |                  |
| b Employer identification number (EIN)<br>59-6001874                                                                                                                  |                            | 1 Wages, tips, other compensation<br>97,624.62                                                                                                   |                            | 2 Federal income tax withheld<br>17,640.93      |                  |
| c Employer's name, address, and ZIP code<br><br>State of Florida<br>Jimmy Patronis, Chief Financial Officer<br>200 E Gaines Street<br>Tallahassee, Florida 32399-0356 |                            | 3 Social security wages<br>100,705.26                                                                                                            |                            | 4 Social security tax withheld<br>6,243.73      |                  |
|                                                                                                                                                                       |                            | 5 Medicare wages and tips<br>100,705.26                                                                                                          |                            | 6 Medicare tax withheld<br>1,460.23             |                  |
|                                                                                                                                                                       |                            | 7 Social security tips                                                                                                                           |                            | 10 Dependent care benefits                      |                  |
| d Control number<br>018133 01/05                                                                                                                                      |                            | 11 Nonqualified plans                                                                                                                            |                            | 12a See instructions for box 12<br>DD 12,817.56 |                  |
| e Employee's first name, mi, and last name<br><br>JORGE A PEREZ<br>7301 SW 115TH STREET<br>PINECREST, FL 33156-0000                                                   |                            | 13 Statutory employee <input type="checkbox"/> Retirement plan <input checked="" type="checkbox"/> Third-party sick pay <input type="checkbox"/> |                            | 12b                                             |                  |
|                                                                                                                                                                       |                            | 14 Other<br>125 1,982.64                                                                                                                         |                            | 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** **2023**

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

**Copy C - For EMPLOYEE'S RECORDS**  
AA327W Rev. 06/09/2023

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.

# Form W-2 Wage and Tax Statement 2023

Copy C, for employee's records

|                                                      |  |                                                   |  |                                                                                                                                 |  |                                                                            |  |
|------------------------------------------------------|--|---------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| d Control number<br>0040-P7127443<br>000000014 -     |  | Void                                              |  | e Employee's name, address, and ZIP code<br>STUMPHAUZER KOLAYA NADLER & BL<br>2 S BISCAYNE BLVD STE 2550<br>MIAMI FL 33131-1704 |  | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |  |
| b Employer identification number (EIN)<br>27-5029927 |  | a Employee's social security number<br>[REDACTED] |  |                                                                                                                                 |  | 1 Wages, tips, other compensation<br>109960.39                             |  |
| 13 Statutory employee<br>[ ]                         |  | Retirement plan<br>X                              |  | Third-party sick pay<br>[ ]                                                                                                     |  | 2 Federal income tax withheld<br>22966.39                                  |  |
| 12 See instructions for box 12<br>D                  |  | 14 Other<br>5432.70                               |  | f Employee's name, address, and ZIP code<br>JORGE A PEREZ<br>7301 SW 115 ST<br>MIAMI FL 33156                                   |  | 3 Social security wages<br>115393.09                                       |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 4 Social security tax withheld<br>7154.37                                  |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 5 Medicare wages and tips<br>115393.09                                     |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 6 Medicare tax withheld<br>1673.20                                         |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 7 Social Security Tips<br>[ ]                                              |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 8 Allocated Tips<br>[ ]                                                    |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 10 Dependent care benefits<br>[ ]                                          |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 11 Nonqualified plans<br>[ ]                                               |  |
| 15 State<br>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                                                           |  |

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# Form W-2 Wage and Tax Statement 2023

Copy B, to be filed with employee's FEDERAL tax return

|                                                      |  |                                                   |  |                                                                                                                                 |  |                                                                            |  |
|------------------------------------------------------|--|---------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------|--|
| d Control number<br>0040-P7127448<br>000000014 -     |  | Void                                              |  | e Employee's name, address, and ZIP code<br>STUMPHAUZER KOLAYA NADLER & BL<br>2 S BISCAYNE BLVD STE 2550<br>MIAMI FL 33131-1704 |  | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |  |
| b Employer identification number (EIN)<br>27-5029927 |  | a Employee's social security number<br>[REDACTED] |  |                                                                                                                                 |  | 1 Wages, tips, other compensation<br>109960.39                             |  |
| 13 Statutory employee<br>[ ]                         |  | Retirement plan<br>X                              |  | Third-party sick pay<br>[ ]                                                                                                     |  | 2 Federal income tax withheld<br>22966.39                                  |  |
| 12 See instructions for box 12<br>D                  |  | 14 Other<br>5432.70                               |  | f Employee's name, address, and ZIP code<br>JORGE A PEREZ<br>7301 SW 115 ST<br>MIAMI FL 33156                                   |  | 3 Social security wages<br>115393.09                                       |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 4 Social security tax withheld<br>7154.37                                  |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 5 Medicare wages and tips<br>115393.09                                     |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 6 Medicare tax withheld<br>1673.20                                         |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 7 Social Security Tips<br>[ ]                                              |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 8 Allocated Tips<br>[ ]                                                    |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 10 Dependent care benefits<br>[ ]                                          |  |
|                                                      |  |                                                   |  |                                                                                                                                 |  | 11 Nonqualified plans<br>[ ]                                               |  |
| 15 State<br>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                                                           |  |

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# Form W-2 Wage and Tax Statement 2023

|                                        |  |                                     |  |                                          |  |                                                                            |  |
|----------------------------------------|--|-------------------------------------|--|------------------------------------------|--|----------------------------------------------------------------------------|--|
| d Control number                       |  | Void<br>X                           |  | e Employee's name, address, and ZIP code |  | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |  |
| b Employer identification number (EIN) |  | a Employee's social security number |  |                                          |  | 1 Wages, tips, other compensation                                          |  |
| 13 Statutory employee                  |  | Retirement plan                     |  | Third-party sick pay                     |  | 2 Federal income tax withheld                                              |  |
| 12 See instructions for box 12         |  | 14 Other                            |  | f Employee's name, address, and ZIP code |  | 3 Social security wages                                                    |  |
|                                        |  |                                     |  |                                          |  | 4 Social security tax withheld                                             |  |
|                                        |  |                                     |  |                                          |  | 5 Medicare wages and tips                                                  |  |
|                                        |  |                                     |  |                                          |  | 6 Medicare tax withheld                                                    |  |
|                                        |  |                                     |  |                                          |  | 7 Social Security Tips                                                     |  |
|                                        |  |                                     |  |                                          |  | 8 Allocated Tips                                                           |  |
|                                        |  |                                     |  |                                          |  | 10 Dependent care benefits                                                 |  |
|                                        |  |                                     |  |                                          |  | 11 Nonqualified plans                                                      |  |
| 15 State<br>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                                                           |  |

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# Form W-2 Wage and Tax Statement 2023

|                                        |  |                                     |  |                                          |  |                                                                            |  |
|----------------------------------------|--|-------------------------------------|--|------------------------------------------|--|----------------------------------------------------------------------------|--|
| d Control number                       |  | Void<br>X                           |  | e Employee's name, address, and ZIP code |  | Department of the Treasury - Internal Revenue Service<br>OMB No. 1545-0008 |  |
| b Employer identification number (EIN) |  | a Employee's social security number |  |                                          |  | 1 Wages, tips, other compensation                                          |  |
| 13 Statutory employee                  |  | Retirement plan                     |  | Third-party sick pay                     |  | 2 Federal income tax withheld                                              |  |
| 12 See instructions for box 12         |  | 14 Other                            |  | f Employee's name, address, and ZIP code |  | 3 Social security wages                                                    |  |
|                                        |  |                                     |  |                                          |  | 4 Social security tax withheld                                             |  |
|                                        |  |                                     |  |                                          |  | 5 Medicare wages and tips                                                  |  |
|                                        |  |                                     |  |                                          |  | 6 Medicare tax withheld                                                    |  |
|                                        |  |                                     |  |                                          |  | 7 Social Security Tips                                                     |  |
|                                        |  |                                     |  |                                          |  | 8 Allocated Tips                                                           |  |
|                                        |  |                                     |  |                                          |  | 10 Dependent care benefits                                                 |  |
|                                        |  |                                     |  |                                          |  | 11 Nonqualified plans                                                      |  |
| 15 State<br>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                                                           |  |

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.