

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 04/21/2024

General Information

Name: Ms Elaine Alexandra Carbuccia Esq

CONFIDENTIAL

PID 303248

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (17Th)	Elected Constitutional Officer	Circuit Court Judge

CANDIDATE FOR

Position	Agency Name	Position sought or held
Circuit Judge	Seventeenth Judicial Circuit	Judge of the Circuit Court, Seventeenth Judicial Circuit, Group Fifty

Net Worth

My Net Worth as of April 21, 2024 was \$ 204,371.96.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Property, Greene County, Tennessee	\$ 389,200.00
Bank of America	\$ 16,997.02
Synchrony Bank	\$ 5,353.59
Equitable Brokerage Account	\$ 9,194.57
Florida Retirement Systems	\$ 41,093.75

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

Name of Creditor	Address of Creditor	Amount of Liability
Valon Mortgage, Inc.	P.O. Box 660043, Dallas, TX 75266-0043	\$ 211,311.68
Department of Education - MOHELA	P.O. Box 790233, St. Louis, MO 63179-0233	\$ 96,155.29

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. 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.

Elaine Alexandra Carbuccia, Esq

Digitally signed: 04/21/2024

Filed with COE: 04/21/2024

a Employee's social security number [REDACTED]		Payroll organization code 22-20-17-00-110		Intradepartment number 0000000000	
b Employer identification number (EIN) 59 - 6001874		1 Wages, tips, other compensation 93,082.97		2 Federal income tax withheld 17,217.36	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 95,971.12		4 Social security tax withheld 5,950.21	
		5 Medicare wages and tips 95,971.12		6 Medicare tax withheld 1,391.58	
		7 Social security tips		10 Dependent care benefits	
d Control number 17046 01/05		11 Nonqualified plans		12a See instructions for box 12 DD 4,880.76	
e Employee's first name, mi, and last name ELAINE A CARBUCCIA [REDACTED]		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b	
		14 Other 125 300.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

OMB No. 1545-0008

Form **W-2** WAGE AND TAX STATEMENT **2023**

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 [REDACTED]		Payroll organization code 22-20-17-00-110		Intradepartment number 0000000000	
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f Employee's address and ZIP code					
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OMB No. 1545-0008

Form **W-2** WAGE AND TAX STATEMENT **2023**

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

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**

c Employer's name, address, and ZIP code

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

e Employee's name, address, and ZIP code

ELAINE A CARBUCCIA

Sum.

b Employer identification number (EIN)
53-0197081

a Employee's social security no.

15 State

Employer's state ID no.

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Federal Revenue Service,
Department of the Treasury

Dept. of the Treasury - IRS
Visit the IRS Web Site at www.irs.gov/efile

Form **W-2 Wage and Tax Statement** **2023**

c Employer's name, address, and ZIP code

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

e Employee's name, address, and ZIP code

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19 Local income tax

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Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

OMB No. 1545-0047

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2023**

c Employer's name, address, and ZIP code

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

e Employee's name, address, and ZIP code

ELAINE A CARBUCCIA

Sum.

b Employer identification number (EIN)
53-0197081

a Employee's social security no.

15 State

Employer's state ID no.

16 State wages, tips, etc.

17 State income tax

18 Local wages, tips, etc.

19 Local income tax

20 Locality name

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

OMB No. 1545-0047

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement** **2023**

c Employer's name, address, and ZIP code

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

e Employee's name, address, and ZIP code

ELAINE A CARBUCCIA

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Employer's state ID no.

16 State wages, tips, etc.

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19 Local income tax

20 Locality name

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

OMB No. 1545-0047

Dept. of the Treasury - IRS

1 Wages, tips, other comp.	60193.91	2 Federal income tax withheld	9111.84
3 Social security wages	60193.91	4 Social security tax withheld	3732.02
5 Medicare wages and tips	60193.91	6 Medicare tax withheld	872.81
11 Nonqualified plans		12a See instructions for box 12	
14 Other	PTaxHB/DE/VI 1206.89	12b	4823.81
		12c	
		12d	

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3 Social security wages	60193.91	4 Social security tax withheld	3732.02
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		12d	

2023 W-2 and Earnings Summary

Form W-2 Wage and Tax Statement Copy C — For EMPLOYEE'S RECORDS 2023		
OMB No. 1545-0046 This information is being furnished to the IRS. If you are required to file a tax return, a rejection penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Department of Treasury - Internal Revenue Service		
Control number 0YY34 1217 00160		
Employer's name, address, and ZIP code ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS FL 33054		
Employee's name, address, and ZIP code ELAINE A CARBUCCIA [REDACTED]		
1 Wages, tips, other comp.	6000.00	2 Federal income tax withheld 675.04
3 Social security wages	6000.00	4 Social security tax withheld 372.00
5 Medicare wages and tips	6000.00	6 Medicare tax withheld 87.00
7 Social security tips		8 Allocated tips
9		10 Dependent care benefits
11 Nonqualified plans	12a	12b
13 Statutory employee Retirement plan Third-party sick pay	12c	12d
Employee's social security no. 14		
Employer ID number (EIN) 59-0949880		
15 St. 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

Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay \$6,000.00	\$6,000.00	\$6,000.00
Less: Non-Taxable Earnings \$0.00	\$0.00	\$0.00
Less: Retirement Deductions \$0.00	N/A	N/A
Less: Other Pre-tax Deductions \$0.00	\$0.00	\$0.00
Less: Third Party Sick Pay \$0.00	\$0.00	\$0.00
Less: Excess Wages N/A	\$0.00	N/A
Total Reported Wages \$6,000.00	\$6,000.00	\$6,000.00
Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld \$675.04	\$372.00	\$87.00

ELAINE A CARBUCCIA

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 Wage and Tax Statement Copy B — To Be Filed With Employee's FEDERAL Tax Return. 2023		
OMB No. 1545-0046 This information is being furnished to the IRS. Department of Treasury - Internal Revenue Service		
Control number 0YY34 1217 00160		
Employer's name, address, and ZIP code ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS FL 33054		
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15 St. Employer's state ID number	16 State wages, tips, etc.	17 State income tax
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Form W-2 Wage and Tax Statement Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2023		
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Control number 0YY34 1217 00160		
Employer's name, address, and ZIP code ST THOMAS UNIVERSITY INC 16401 NW 37TH AVE MIAMI GARDENS FL 33054		
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Form W-2 Wage and Tax Statement Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2023		
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IRS e-file Signature Authorization

OMB No. 1545-0074

► ERO must obtain and retain completed Form 8879.
► Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ►

Taxpayer's name

ELAINE A CARBUCCIA

Social security number

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	159,277.
2	Total tax	2	28,302.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	27,004.
4	Amount you want refunded to you	4	
5	Amount you owe	5	1,176.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

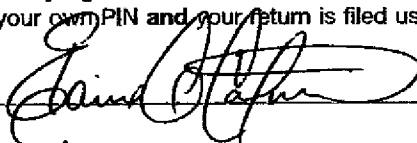
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

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

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►



Date ► 04/06/2024

Spouse's PIN: check one box only

☐ I authorize to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

Date ►

Practitioner PIN Method Returns Only—continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorizing to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

Date ►

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

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
ELAINE A

Last name
CARBUCCIA

Your social security number
[REDACTED]

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.
[REDACTED]

Apt. no.

Presidential Election Campaign

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

State
[REDACTED]

ZIP code
[REDACTED]

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.

Foreign country name

Foreign province/state/county

Foreign postal code

☐ You ☐ Spouse

Filing Status ☒ Single ☐ Head of household (HOH)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

If more than four dependents, see instructions and check here ☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for—

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 159,277.
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 159,277.
2a Tax-exempt interest	2a
3a Qualified dividends	3a
4a IRA distributions	4a
5a Pensions and annuities	5a
6a Social security benefits	6a
b Taxable interest	2b
b Ordinary dividends	3b
b Taxable amount	4b
b Taxable amount	5b
b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions) ☐	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7
8 Additional income from Schedule 1, line 10	8
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 159,277.
10 Adjustments to income from Schedule 1, line 26	10
11 Subtract line 10 from line 9. This is your adjusted gross income	11 159,277.
12 Standard deduction or itemized deductions (from Schedule A)	12 13,850.
13 Qualified business income deduction from Form 8995 or Form 8995-A	13
14 Add lines 12 and 13	14 13,850.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 145,427.

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if:
	MARIA E DENIS	MARIA E DENIS	04/06/2024	P00962771	☒ Self-employed
	Firm's name	Firm's address			Phone no. (786) 380-3766 Firm's EIN 46-0752938

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 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **03**

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

ELAINE A CARBUCCIA

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)

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

Schedule 3 (Form 1040) 2023

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962	9	
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	122.
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Credit for repayment of amounts included in income from earlier years	13b	
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other payments or refundable credits. List type and amount:	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	122.