

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/20/2024

General Information

Name: Mr Fred Sirmones

PID 235939

AGENCY INFORMATION

Organization	Suborganization	Title
Lake Butler	Mayor And City Commission	

Net Worth

My Net Worth as of December 31, 2023 was \$ 100,000.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 5,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
3 Bedroom Mobile Home	\$ 50,000.00
Ford F150 2011 Truck	\$ 5,500.00
Acura 2000 Car	\$ 1,500.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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.

PRIMARY SOURCES OF INCOME:

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

N/A

Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Fred Sirmones

Digitally signed: 05/20/2024

Filed with COE: 05/20/2024

a Employee's social security number [REDACTED]		Payroll organization code 70-02-13-00-701		Intradepartment number 0000000000	
b Employer identification number (EIN) 59 - 6001874		1 Wages, tips, other compensation 32,156.29		2 Federal income tax withheld 2,257.96	
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 33,242.48		4 Social security tax withheld 2,061.03	
		5 Medicare wages and tips 33,242.48		6 Medicare tax withheld 482.02	
		7 Social security tips		10 Dependent care benefits	
d Control number 97424 01/05		11 Nonqualified plans		12a See instructions for box 12 DD 21,972.96	
e Employee's first name, mi, and last name FRED SIRMONES 835 SE 6TH PL LAKE BUTLER, FL 32054-2937		13 Statutory employee Retirement plan Third-party sick pay ☐ ☒ ☐		12b	
		14 Other 125 2,964.48		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
 Copy B - To Be Filed With Employee's FEDERAL Tax Return
 This information is being furnished to the Internal Revenue Service. Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 70-02-13-00-701		Intradepartment number 0000000000	
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Form **W-2** WAGE AND TAX STATEMENT **2023** OMB No. 1545-0008
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B) Department of the Treasury - Internal Revenue Service
 AA327 (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.

Employee Reference Copy
W-2 Wage and Tax Statement 2023OMB No. 1545-0008
Copy C for employer's records
d Control number 000055 MIAM/QSA
Dept. SALGOV Corp. A Employer use only 23c Employer's name, address, and ZIP code
CITY OF LAKE BUTLER
200 SW 1ST STREET
LAKE BUTLER FL 32054

Batch #01884

e/f Employee's name, address, and ZIP code
FRED SIRMONES
835 SE 6TH PLACE
LAKE BUTLER FL 32054

b Employer's FED ID number 59-6000351	a Employee's SSA number [REDACTED]
1 Wages, tips, other comp. 10354.24	2 Federal income tax withheld 520.00
3 Social security wages 10674.56	4 Social security tax withheld 661.82
5 Medicare wages and tips 10674.56	6 Medicare tax withheld 154.78
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 320.32 FLRET	12b 12c 12d 13 Stat emp Ret plan 3rd party sick pay
15 State FL	16 State wages, tips, etc.
17 State income tax	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	FL State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	10,674.56	10,674.56	10,674.56	
Less Misc. Non Taxable Comp.	320.32	N/A	N/A	
Reported W-2 Wages	10,354.24	10,674.56	10,674.56	

2. Employee Name and Address.

FRED SIRMONES
835 SE 6TH PLACE
LAKE BUTLER FL 32054

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Fold and Detach Here

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3 Social security wages 10674.56	4 Social security tax withheld 661.82
5 Medicare wages and tips 10674.56	6 Medicare tax withheld 154.78
d Control number 000055 MIAM/QSA	Dept. SALGOV Corp. A Employer use only 23
c Employer's name, address, and ZIP code CITY OF LAKE BUTLER 200 SW 1ST STREET LAKE BUTLER FL 32054	

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e/f Employee's name, address and ZIP code
FRED SIRMONES
835 SE 6TH PLACE
LAKE BUTLER FL 32054

15 State FL	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

Federal Filing Copy
W-2 Wage and Tax Statement 2023
OMB No. 1545-0008
Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 10354.24	2 Federal income tax withheld 520.00
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FRED SIRMONES
835 SE 6TH PLACE
LAKE BUTLER FL 32054

15 State FL	Employer's state ID no.	16 State wages, tips, etc.
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FL State Reference Copy
W-2 Wage and Tax Statement 2023
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 10354.24	2 Federal income tax withheld 520.00
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19 Local income tax		20 Locality name

FL State Filing Copy
W-2 Wage and Tax Statement 2023
OMB No. 1545-0008
Copy 2 to be filed with employee's State Income Tax Return.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 4,601.70		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$ 4,601.70				
PAYER'S TIN 59-1354377			2b Taxable amount not determined ☐		Total distribution ☐		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the IRS.
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0.00		
RECIPIENT'S name FRED SIRMONES 835 SE 6TH PL LAKE BUTLER FL 32054-2937			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]			13 Date of payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$

Form 1099-R www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000 844-377-1888			1 Gross distribution \$ 4,601.70		OMB No. 1545-0119 2023 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
			2a Taxable amount \$ 4,601.70				
PAYER'S TIN 59-1354377			2b Taxable amount not determined ☐		Total distribution ☐		Copy C For Recipient's Records This information is being furnished to the IRS.
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 0.00		
RECIPIENT'S name FRED SIRMONES 835 SE 6TH PL LAKE BUTLER FL 32054-2937			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$		
			7 Distribution code(s) 7		IRA/ SEP/ SIMPLE ☐	8 Other \$ %	
			9a Your percentage of total distribution %		9b Total employee contributions \$ 0.00		
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no.	16 State distribution \$
Account number (see instructions) [REDACTED]			13 Date of payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$

Form 1099-R (keep for your records) www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

LIFT TO OPEN



Social Security benefits are taxable. Do not return this

2023—shows the total amount of Social Security we paid you in

Amount in Box 4.

Box 5—“Net Benefits for 2023”—

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

2023 • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name FRED SIRMONES SR		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2023 \$22,756.00	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$22,756.00
DESCRIPTION OF AMOUNT IN BOX 3 Paid by check or Direct deposit \$20,480.40 Voluntary Federal Income Tax Withheld \$2,275.60 Total Additions \$22,756.00 Benefits for 2023 \$22,756.00		DESCRIPTION OF AMOUNT IN BOX 4 NONE
		Box 6. Voluntary Federal Income Tax Withheld \$2,275.60
		Box 7. Address FRED SIRMONES SR 835 SOUTHEAST 6 PLACE LAKE BUTLER FL 32054-2937
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]