

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/20/2024

General Information

Name: George J Albright III

PID 98587

AGENCY INFORMATION

Organization	Suborganization	Title
Marion County	Elected Constitutional Officer	Tax Collector

CANDIDATE FOR

Position	Agency Name	Position sought or held
Tax Collector	Marion County Tax Collector	Tax Collector

Net Worth

My Net Worth as of May 1, 2024 was \$ 1,680,000.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence at 209 SE 15th Ave Ocala, FL 34471	\$ 900,000.00
1/3 ownership Ocala Landscape Mgt Co. Ocala	\$ 300,000.00
Cash in Ameris & Regions Bank	\$ 30,000.00
1/3 ownership in River Rental Partnership - family real estate	\$ 200,000.00
1/4 ownership in Weir Partnership - family real estate	\$ 200,000.00
Vehicles, Antique cars, etc	\$ 50,000.00

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		

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	503 SE 25th Ave Ocala, FL 34471	\$ 163,602.57
See Attached		

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

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
See Attached			

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

N/A

Training

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

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

Signature of Reporting Official or Candidate

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

George J Albright III

Digitally signed: 05/20/2024

Filed with COE: 05/20/2024

a Employer's social security number 		Safe, accurate, FAST! Use				Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 59-6000741		1 Wages, tips, other compensation 163602.57		2 Federal income tax withheld 39251.86			
c Employer's name, address, and ZIP code MARION CNTY TAX COLLECTOR PO BOX 970 OCALA FL 34478		3 Social security wages 160200.00		4 Social security tax withheld 9932.42			
		5 Medicare wages and tips 163602.57		6 Medicare tax withheld 2372.19			
		7 Social security tips .00		8 Allocated tips			
d Control number 0000047		9		10 Dependent care benefits .00			
e Employee's name, address, and ZIP code GEORGE J. ALBRIGHT III 209 SE 15TH AVE OCALA FL 34471		11 Nonqualified plans .00		12a See instructions for box 12 C 1824.99			
		13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐		12b DD 21360.32			
		14 Other .00		12c .00			
				12d .00			
15 State Employer's state ID number		16 State wages, tips, etc. .00		17 State income tax .00		18 Local wages, tips, etc. .00	
19 Local income tax .00		20 Locality name					

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.



george albright <gnalbright@gmail.com>

Acceptance notification for your 2023 electronically filed extension

efile@efileservices.net <efile@efileservices.net>

Thu, Apr 4, 2024 at 5:26 PM

To: gnalbright@gmail.com

Crippen & Co.
1900 SE 18th Ave.
Ocala, FL 34471-8312
352-732-4260

George J. Albright, III & Tammy Albright

Dear George & Tammy:

Your federal extension was filed electronically with the IRS on April 4th 2024 6:03pm ET and accepted on April 4th 2024. The IRS assigned tracking number for this return is [REDACTED]

To contact us regarding this message, please call us at 352-732-4260 or email us at mail@crippencpa.com.

Thank you for the opportunity to serve you.

Sincerely,

Crippen & Co.

This electronic mail message contains confidential and legally privileged information intended only for the use of the recipient. If the reader of this message is not the intended recipient, the reader is hereby notified that any dissemination, distribution, copying or other use of this message is strictly prohibited and is hereby instructed to notify the sender immediately by return email and destroy this copy of this message.

THIS CERTIFICATE IS AWARDED TO

George Albright, III

FOR SUCCESSFULLY COMPLETING THE 4-HOUR COURSE

Florida Ethics, Public Records & Sunshine Law 2024

Florida Bar CLE: #2208088N (5 hours General & 2.5 hours Ethics) | IIMC: .75 CMC Experience or .75 MMC
Professional Contribution Points

Issued: 2024-02-22

Certificate ID: ffyejafjxv



FORM SSA-1099 -- SOCIAL SECURITY BENEFIT STATEMENT**2023**

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE FACTS ABOUT YOUR 2023 SOCIAL SECURITY BENEFIT STATEMENT AND NOTICE 703
FOR MORE INFORMATION.

Box 1. Name

GEORGE J ALBRIGHT .III

Box 2. Beneficiary's Social Security Number

[REDACTED]

Box 3. Benefits paid in 2023

\$39,699.00

Box 4. Benefits Repaid to SSA in 2023

NONE

Box 5. Net Benefits for 2023 (Box 3 minus Box 4)

\$39,699.00

DESCRIPTION OF AMOUNT IN BOX 3

Paid by check or Direct deposit	\$39,699.00
Benefits for 2023	\$39,699.00

DESCRIPTION OF AMOUNT IN BOX 4

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

GEORGE J ALBRIGHT III
209 SE 15TH AVE
OCALA FL 34471-2438

Box 8. Claim Number

(Use this number if you need to contact SSA.)

[REDACTED]

DO NOT RETURN THIS FORM TO SSA OR IRS