

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2024

General Information

Name: Mr Marvin Price

PID 289417

AGENCY INFORMATION

Organization	Suborganization	Title
West Park, City of	Mayor & City Commission	Commissioner

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 6	City of West Park, Florida	Commissioner Seat #4

Net Worth

My Net Worth as of December 31, 2023 was \$ 434,922.94.

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:

Description of Asset	Value of Asset
4001 SW 25th St, West Park, FL 33023	\$ 497,640.00
Priority One CU Checking Account	\$ 1,304.10
Priority One CU Savings Account	\$ 13,865.06

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Rocket Mortgage	1050 Woodward Ave., Detroit, MI 48226	\$ 177,886.22

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☒ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
See Attached		

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

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

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

N/A

Training

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

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

Signature of Reporting Official or Candidate

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

Marvin Price

Digitally signed: 06/10/2024

Filed with COE: 06/10/2024

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2023

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning

, 2023, ending

, 20

Your first name and middle initial

MARVIN

Last name

PRICE

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

Last name

See separate instructions.

Your social security number

Spouse's social security number

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

4001 SW 25TH STREET

Apt. no.

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

HOLLYWOOD

State

FL

ZIP code

33023

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Filing Status

☒ Single

☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☐ 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):

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

(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
				☐
				☐
				☐
				☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	8,827.
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		
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	78,744.
6a	Social security benefits	6a	
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	84,995.
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	84,995.
12	Standard deduction or itemized deductions (from Schedule A)	12	15,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	15,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	69,295.

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.

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

Form **1040** (2023)

Form **1040** (2023)

1 Wages, tips, other comp. 8827.00		2 Federal income tax withheld	
3 Social security wages 9100.00		4 Social security tax withheld 564.20	
5 Medicare wages and tips 9100.00		6 Medicare tax withheld 131.95	
d Control number 000263 ATLA/ZEV	Dept. 511001	Corp. A	Employer use only EIC 28
c Employer's name, address, and ZIP code CITY OF WEST PARK 7320 GRIFFIN ROAD # 102 DAVIE FL 33314			
b Employer's FED ID number		a Employee's SSA number	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other 273.00 414H		12b	
		12c	
		12d	
		13 Stat emp.	Ret. plan X 3rd party sick pay
e/f Employee's name, address and ZIP code MARVIN PRICE 4001 SW 25TH STREET WEST PARK FL 33023			
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.			

Paid By Office of Personnel Management
Retirement Operations
P.O. Box 45
Boyers, PA 16017-0045

Statement of Annuity Paid
Copy B - File with Federal tax return

2023

OMB No. 1545-0119
Form: 1099-R
Distributions From
Pensions, Annuities,
Retirement or Profit-
Sharing Plans, IRAs,
Insurance Contracts, etc.

Form CSA 1099R (Rev. 1/2024)
This information is being furnished to the
Department of Treasury - Internal Revenue Service

PAYER's Federal Identification [REDACTED]	Recipient's ID No. (Annuitant) [REDACTED]	Account number (Retirement Claim No.) [REDACTED]
5. Employee Contributions/ Designated ROTH Contributions or Insurance Premiums 2747.30	Paid To MARVIN PRICE 4001 SW 25TH ST WEST PARK, FL 33023-4405	
7. Distribution Code(s) 7-NONDISABILITY		
9b. Total Employee Contributions 88153.00		

1. Gross distribution 78744.00	15. State/Payer's state no.
2a. Taxable amount 76163.88	15. State/Payer's state no.
4. Federal Income Tax Withheld 6201.24	
14. State tax withheld NONE	
14. State tax withheld NONE	

To separate, tear on perforation