

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/28/2024

General Information

Name: Hon Sally D. M. Kest

CONFIDENTIAL

PID 210450

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Senior Judges	Consent to be Assigned	Senior / Retired Judge

Net Worth

My Net Worth as of December 31, 2023 was \$ 6,864,576.00.

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 \$ 365,985.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Homestead residence	\$ 2,000,000.00
Condominium	\$ 325,000.00
Time share{REDACTED}	\$ 18,000.00
Greenwood Cemetary	\$ 9,000.00

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/28/2024

Description of Asset	Value of Asset
US Treasury NT due 2/15/24	\$ 24,917.97
US Treasury NT due 6/30/25	\$ 25,062.50
US Treasury NT due 9/30/25	\$ 19,195.94
FHLB	\$ 24,956.23
Bond Stanley Black	\$ 15,037.29
Bond JPMorgan Chase	\$ 9,896.34
Toronto Dominion Bond	\$ 10,033.51
Bond Barclay PLC	\$ 24,975.95
Duke Energy Corp	\$ 19,408.00
Nextera Energy Inc	\$ 60,740.00
Southern Co	\$ 28,048.00
INVSC QQQ TRUST SRS 1	\$ 184,284.00
Schwab US Divident	\$ 45,678.00
Vanguard S&P 500 ETF	\$ 65,520.00
Vanguard Total Bond	\$ 84,582.50
Xtrackers NSCI EAFE HDGD	\$ 29,584.00
Bond Funds - Dodge and Cox Global	\$ 16,485.18
PGIM Total Return Bond Z	\$ 58,967.23
Vanguard Emerging Market	\$ 21,158.43
Columbia Dividend Income	\$ 96,376.39
Delaware IVY Mid Cap Inc	\$ 43,815.27
Eventide Healthcare	\$ 25,564.95
Fidelity Advisor Real ES	\$ 28,457.95
Fidelity Advisor Small Cap	\$ 59,624.48
Fidelity OTC	\$ 57,590.46
MFS International INTRIN	\$ 54,852.22
Morgan Stanley INST Intl	\$ 45,895.95
Vanguard Mid Cap Index A	\$ 85,835.56
Virtus Kar Mid Cap Growth	\$ 62,568.71

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/28/2024

Description of Asset	Value of Asset
Amern Tower Corp.	\$ 10,794.00
Avalonbay CMNTYS	\$ 18,722.00
Digital Realty Trust	\$ 20,187.00
Realty Income Corp	\$ 17,226.00
IShares MSCI USA QLTY	\$ 114,474.92
ISharesTR IS 1-syr in	\$ 70,554.40
DFA 5YR Global Fix	\$ 207,699.49
DFA 1YR Fixed Income	\$ 206,873.66
Vanguard Short - Term Bond	\$ 201,404.58
DFA Emerging Markets COR	\$ 126,019.03
DFA International Small Cap Value	\$ 79,342.92
DFA International Small Company	\$ 78,858.02
DFA International Value	\$ 158,785.06
DFA Real Estate Securities	\$ 83,865.03
DFA US Large Cap Value	\$ 330,161.60
DFA US Small Cap	\$ 51,896.54
DFA US Small Cap Value	\$ 163,099.48
Vanguard Developed Markets	\$ 116,902.54
Vanguard Total Stock MKT	\$ 315,357.34
US Treasury Note Due 12/31/23	\$ 10,000.00
INVSC QQQ Trust SRS	\$ 28,666.40
IShares IBoxx INVT Grade	\$ 1,106.60
Vanguard Total Bond	\$ 14,710.00
VGRD STC ETF DV	\$ 11,605.50
Guggenheim Core Bond fund	\$ 10,820.81
Fidelity Advisor International CA	\$ 25,112.90
JPMorgan Large CAP Growth	\$ 38,745.13
Putman Large Cap Value	\$ 59,469.50
Touchstone Large CAP FOC	\$ 69,581.50

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/28/2024

Description of Asset	Value of Asset
Seattle WAMNLTWP	\$ 10,012.20
Orange Cnflhth	\$ 10,225.80
Hiilsboro CO FL AVI	\$ 10,575.90
Hillsborough CNTY F	\$ 11,079.80
INVSC QQQ Trust SRS	\$ 18,428.40
IShares National MUNI	\$ 10,841.00
Schwab US Dividend	\$ 7,613.00
Vanguard Dividend	\$ 17,040.00
Vanguard Mid Cap EFT	\$ 4,652.80
Vanguard S&P 500 EFT	\$ 17,472.00
Vangard Small Cap EFT	\$ 2,133.78
529 Capital Group College America	\$ 53,009.51
529 Capital Group College America	\$ 49,366.30
529 Capital Group College America	\$ 50,850.26
My529 (College Acct)	\$ 61,583.70
My529 (College Acct)	\$ 56,796.48
Walt Disney Company	\$ 11,509.87
Charles Schwab Sweep Cash Account	\$ 4,483.81
Charles Schwab Bank Sweep Account	\$ 23,377.94
Charles Schwab Bank Sweep Account	\$ 8,142.90

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Regions Bank	Orange Avenue, Orlando, FL	\$ 153,000.00

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.

Sally D. M. Kest

Digitally signed: 05/28/2024

Filed with COE: 05/28/2024

IRS e-file Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name

Spouse's name

Social security number

Spouse's social security number

SALLY D KEST

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	599,700.
2 Total tax.....	2	140,891.
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099.....	3	151,494.
4 Amount you want refunded to you.....	4	10,603.
5 Amount you owe.....	5	

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 the 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 WILLIAM H. CROSS & CO., P.A.

ERO firm name

to enter or generate my PIN

Enter five digits, but
don't enter all zeros

as my

signature on the income tax return (original or amended) I am now authorizing.

☐ 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 ▶

Spouse's PIN: check one box only

☒ I authorize WILLIAM H. CROSS & CO., P.A.

ERO firm name

to enter or generate my PIN

Enter five digits, but
don't enter all zeros

as my

signature on the income tax return (original or amended) I am now authorizing.

☐ 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.

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 authorized 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.

Don't enter all zeros

ERO's signature ▶ WILLIAM H. CROSS, CPA

Date ▶

ERO Must Retain This Form – See Instructions

Don't Submit This Form to the IRS Unless Requested To Do So

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

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 _____, ending _____

Your first name and middle initial _____

Last name _____

See separate instructions.

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

SALLY D KEST

Your social security number _____

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

Spouse's social security number _____

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

Apt. no. _____

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.

Foreign country name _____

State _____

ZIP code _____

Foreign province/state/country _____

Foreign postal code _____

**Filing
Status**☐ Single☒ Married filing jointly (even if only one had income)☐ Married filing separately (MFS)☐ Head of household (HOH)☐ Qualifying surviving spouse (QSS)☐ You☐ SpouseCheck 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):

(1) First name _____

Last name _____

(2) Social security
number _____(3) Relationship to
you _____(4) Check the box if qualifies for (see instr.):
Child tax credit | Credit for other dependentsIf 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.**1a** Total amount from Form(s) W-2, box 1 (see instructions) _____**b** Household employee wages not reported on Form(s) W-2 _____**c** Tip income not reported on line 1a (see instructions) _____**d** Medicaid waiver payments not reported on Form(s) W-2 (see instructions) _____**e** Taxable dependent care benefits from Form 2441, line 26 _____**f** Employer-provided adoption benefits from Form 8839, line 29 _____**g** Wages from Form 8919, line 6 _____**h** Other earned income (see instructions) _____**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** _____**6a** Social security benefits _____**6a** _____**b** Taxable interest _____**b** Ordinary dividends _____**b** Taxable amount _____**b** Taxable amount _____**b** Taxable amount _____**c** If you elect to use the lump-sum election method, check here
(see instructions) _____**1a** 38,500.**1b** _____**1c** _____**1d** _____**1e** _____**1f** _____**1g** _____**1h** _____**1i** _____**1z** _____**1z** 38,500.**2b** _____**2b** 363.**3b** _____**3b** 1,627.**4b** _____**4b** 319,909.**5b** _____**5b** 156,091.**6b** _____**6b** 86,210.

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

09/30/23

Form 1040-SR (2023)

7	Capital gain or (loss). Attach Schedule D if required. If not required, check here.....	☐	7	-3,000.
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	599,700.
10	Adjustments to income from Schedule 1, line 26.....		10	
11	Subtract line 10 from line 9. This is your adjusted gross income		11	599,700.
12	Standard deduction or itemized deductions (from Schedule A).....		12	35,861.
13	Qualified business income deduction from Form 8995 or Form 8995-A.....		13	5.
14	Add lines 12 and 13.....		14	35,866.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	563,834.
16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐		16	140,891.
17	Amount from Schedule 2, line 3.....		17	
18	Add lines 16 and 17.....		18	140,891.
19	Child tax credit or credit for other dependents from Schedule 8812.....		19	
20	Amount from Schedule 3, line 8.....		20	
21	Add lines 19 and 20.....		21	0.
22	Subtract line 21 from line 18. If zero or less, enter -0-.....		22	140,891.
23	Other taxes, including self-employment tax, from Schedule 2, line 21.....		23	
24	Add lines 22 and 23. This is your total tax		24	140,891.
25	Federal income tax withheld from:			
a	Form(s) W-2.....	25a	6,364.	
b	Form(s) 1099.....	25b	145,130.	
c	Other forms (see instructions).....	25c		
d	Add lines 25a through 25c.....	25d	151,494.	
26	2023 estimated tax payments and amount applied from 2022 return.....	26		
27	Earned income credit (EIC).....	27		
28	Additional child tax credit from Schedule 8812.....	28		
29	American opportunity credit from Form 8863, line 8.....	29		
30	Reserved for future use.....	30		
31	Amount from Schedule 3, line 15.....	31		
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		
33	Add lines 25d, 26, and 32. These are your total payments	33	151,494.	

Standard Deduction

See Standard Deduction Chart on the last page of this form.

Tax and Credits

If you have a qualifying child, attach Sch. EIC.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Refund**34** If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid.**34** 10,603.**35a** Amount of line 34 you want refunded to you. If Form 8888 is attached, check here.**35a** 10,603.Direct deposit?
See
instructions.**b** Routing number [REDACTED]**c** Type: ☒ Checking ☐ Savings**d** Account number [REDACTED]**36** Amount of line 34 you want applied to your 2024 estimated tax.**36****Amount You Owe****37** Subtract line 33 from line 24. This is the amount you owe.
For details on how to pay, go to www.irs.gov/Payments or see instructions.**37****38** Estimated tax penalty (see instructions).**38****Third Party Designee**Do you want to allow another person to discuss this return with the IRS?
See instructions.☒ Yes. Complete below.☐ NoDesignee's
name

WILLIAM H. CROSS, CPA

Phone
no.

407-894-6771

Personal identification
number (PIN)

[REDACTED]

Sign Here

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

RETIRED

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

RETIRED

If the IRS sent your spouse an
Identity Protection PIN, enter it here
(see inst.)Joint return?
See instructions.
Keep a copy for
your records.

Phone no.

[REDACTED]

Email address

Paid Preparer Use Only

Preparer's name

WILLIAM H. CROSS, CPA

Preparer's signature

WILLIAM H. CROSS, CPA

Date

2-20-24

PTIN

P00928861

Check if:

☐ Self-employed

Firm's name

WILLIAM H. CROSS & CO., P.A.

Firm's address

601 N FERN CREEK AVE
ORLANDO, FL 32803

Phone no.

407-894-6771

Firm's EIN

30-0518876

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (2023)

Standard Deduction Chart*Add the number of boxes checked in the "Age/Blindness" section of *Standard Deduction* on page 1..... 2

IF your filing status is...	AND the number of boxes checked is...	THEN your standard deduction is...
Single	1	\$ 15,700
	2	17,550
Married filing jointly	1	\$ 29,200
	2	30,700
	3	32,200
	4	33,700
Qualifying surviving spouse	1	\$ 29,200
	2	30,700
Head of household	1	\$ 22,650
	2	24,500
Married filing separately**	1	\$ 15,350
	2	16,850
	3	18,350
	4	19,850

*Don't use this chart if someone can claim you (or your spouse if filing jointly) as a dependent, your spouse itemizes on a separate return, or you were a dual-status alien. Instead, see instructions.

**You can check the boxes for your spouse if your filing status is married filing separately and your spouse had no income, isn't filing a return, and can't be claimed as a dependent on another person's return.

Go to www.irs.gov/Form1040SR for instructions and the latest information.

Form 1040-SR (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 [REDACTED] M KEST		Box 2. Beneficiary's Social Security Number [REDACTED]										
Box 3. Benefits Paid in 2023 \$54,882.00	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$54,882.00										
DESCRIPTION OF AMOUNT IN BOX 3 <table> <tr> <td>Paid by check or Direct deposit</td> <td>\$47,577.60</td> </tr> <tr> <td>Medicare Part B premiums deducted from your benefits</td> <td>\$6,330.00</td> </tr> <tr> <td>Medicare Prescription Drug premiums (Part D) deducted from your benefits</td> <td>\$974.40</td> </tr> <tr> <td>Total Additions</td> <td>\$54,882.00</td> </tr> <tr> <td>Benefits for 2023</td> <td>\$54,882.00</td> </tr> </table>		Paid by check or Direct deposit	\$47,577.60	Medicare Part B premiums deducted from your benefits	\$6,330.00	Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$974.40	Total Additions	\$54,882.00	Benefits for 2023	\$54,882.00	DESCRIPTION OF AMOUNT IN BOX 4 NONE
Paid by check or Direct deposit	\$47,577.60											
Medicare Part B premiums deducted from your benefits	\$6,330.00											
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$974.40											
Total Additions	\$54,882.00											
Benefits for 2023	\$54,882.00											
		Box 6. Voluntary Federal Income Tax Withheld NONE										
		Box 7. Address [REDACTED] KEST [REDACTED]										
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]										

☐ 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 \$ 90,978.90		OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B				
PAYER'S TIN [REDACTED]			2a Taxable amount \$ 90,978.90		2b Taxable amount not determined ☐		Total distribution ☐				
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 20,701.44		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 name [REDACTED] KEST			5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 0.00		6 Net unrealized appreciation in employer's securities \$						
			7 Distribution code(s) 7		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

a Employee's social security number [REDACTED]		Payroll organization code 22-20-09-00-630		Intradepartment number 0000000000									
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 33,500.00		2 Federal income tax withheld 5,738.71									
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		4 Social security tax withheld									
		5 Medicare wages and tips 33,500.00		6 Medicare tax withheld 485.75									
		7 Social security tips		10 Dependent care benefits									
		11 Nonqualified plans		12a See instructions for box 12									
d Control number 15676 01/05		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b									
e Employee's first name, mi, and last name [REDACTED] KEST		14 Other		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

Department of the Treasury - Internal Revenue Service

Form **W-2** WAGE AND TAX STATEMENT **2023**
Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

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 SALLY D KEST		Box 2. Beneficiary's Social Security Number [REDACTED]
Box 3. Benefits Paid in 2023 \$46,542.00	Box 4. Benefits Repaid to SSA in 2023 NONE	Box 5. Net Benefits for 2023 (Box 3 minus Box 4) \$46,542.00
DESCRIPTION OF AMOUNT IN BOX 3		DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or Direct deposit \$39,237.60		NONE
Medicare Part B premiums deducted from your benefits \$6,330.00		
Medicare Prescription Drug premiums (Part D) deducted from your benefits \$974.40		
Total Additions \$46,542.00		
Benefits for 2023 \$46,542.00		
		Box 6. Voluntary Federal Income Tax Withheld NONE
		Box 7. Address SALLY D KEST [REDACTED] [REDACTED]
		Box 8. Claim Number (Use this number if you need to contact SSA.) [REDACTED]

a Employee's social security number [REDACTED]		Payroll organization code 22-20-09-00-630		Intradepartment number 0000000000	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 5,000.00		2 Federal income tax withheld 624.65	
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		4 Social security tax withheld	
		5 Medicare wages and tips 5,000.00		6 Medicare tax withheld 72.50	
		7 Social security tips		10 Dependent care benefits	
		11 Nonqualified plans		12a See instructions for box 12	
d Control number 15679 01/05		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b	
e Employee's first name, mi, and last name SALLY D M KEST [REDACTED]		14 Other		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**
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)
 AA327 (Rev. 06/09/2023)

OMB No. 1545-0008
 Department of the Treasury - Internal Revenue Service

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.

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		☐ CORRECTED (if checked)		OMB No. 1545-0119 2023 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
		1 Gross distribution \$ 65,257.68		2a Taxable amount \$ 65,111.76		
PAYER'S TIN [REDACTED]	RECIPIENT'S TIN [REDACTED]	2b Taxable amount not determined ☐		Total distribution ☐		Copy C For Recipient's Records
RECIPIENT'S name SALLY D M KEST [REDACTED]		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 14,429.40		
		5 Employee contributions/ Designated Roth contributions or insurance premiums \$ 145.92		6 Net unrealized appreciation in employer's securities \$		This information is being furnished to the IRS.
		7 Distribution code(s) 7		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 \$	