

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/29/2024

General Information

Name: Hon Angela DiChiara Mason

CONFIDENTIAL

PID 68518

AGENCY INFORMATION

Organization	Suborganization	Title
Judicial Circuit (1St)	Elected Constitutional Officer	County Judge

Net Worth

My Net Worth as of December 31, 2023 was \$ 129,000.00.

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/29/2024

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 \$ 75,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residential Property, {REDACTED}	\$ 500,000.00
Florida Pre Paid Acct {REDACTED}	\$ 21,120.15
Florida PrePaid Acct {REDACTED}	\$ 17,120.80
City & Police FCU Accts	\$ 18,109.07
Eglin Federal Credit Union Accts	\$ 59,234.78

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
City & Police FCU	Jacksonville. FL	\$ 16,957.18
Navient	PO Box 9555, Wilkes-Brrre, PA 18773-9555	\$ 28,532.08
Truist Mortgage	PO Box 79041, Baltimore, MD 21279-0041	\$ 372,115.00
Eglin FCU	838 Eglin Pkwy, NE, FWB, FL 32547	\$ 44,440.73
ALLY (air condition)	PO BOX 9212, Old Bethpage, NY 11804	\$ 12,586.51

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.

Angela DiChiara Mason

Digitally signed: 05/29/2024

Filed with COE: 05/29/2024

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 [REDACTED]	Last name Mason	Your social security number [REDACTED]
If joint return, spouse's first name and middle initial Angela D	Last name Mason	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions [REDACTED]		Apt. no. [REDACTED]
City, town or post office. If you have a foreign address, also complete spaces below [REDACTED]		State [REDACTED]
Foreign country name [REDACTED]		Foreign postal code [REDACTED]
Foreign province/state/county [REDACTED]		Foreign postal code [REDACTED]
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) ☐ Qualifying surviving spouse (QSS)
☐ Married filing separately (MFS)

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):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions)	
(1) First name Last name				Child tax credit	Credit for other dependents
If more than four dependents, see instr. and check here ☐					
[REDACTED] Mason		[REDACTED]	Son		☒
[REDACTED] Mason		[REDACTED]	Son	☒	

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 283,326
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.	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
	i Nontaxable combat pay election (see instructions)	1i
z Add lines 1a through 1h	1z 283,326	
Attach Sch. B if required.	2a Tax-exempt interest	2a
	3a Qualified dividends	3a
Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,900 • If you checked any box under Standard Deduction, see instructions.	4a IRA distributions	4a
	5a Pensions and annuities	5a
	6a Soc. sec. ben.	6a
	b Taxable interest	2b 91
	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
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		8 330,919
8 Other income from Schedule 1, line 10		9 614,336
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		10 6,752
10 Adjustments to income from Schedule 1, line 26		11 607,584
11 Subtract line 10 from line 9. This is your adjusted gross income		12 27,700
12 Standard deduction or itemized deductions (from Schedule A)		13 7,337
13 Qualified business income deduction from Form 8995 or Form 8995-A		14 35,037
14 Add lines 12 and 13		15 572,547
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		

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

Form **1040** (2023)

Tax and Credits

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	144,180
3	☐	17	
17	Amount from Schedule 2, line 3	18	144,180
18	Add lines 16 and 17	19	
19	Child tax credit or credit for other dependents from Schedule 8812	20	
20	Amount from Schedule 3, line 8	21	
21	Add lines 19 and 20	22	144,180
22	Subtract line 21 from line 18. If zero or less, enter -0-	23	16,662
23	Other taxes, including self-employment tax, from Schedule 2, line 21	24	160,842
24	Add lines 22 and 23. This is your total tax		

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	42,047
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	42,047
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	42,047

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here ☐	35a	
b	Routing number	c	Type: ☐ Checking ☐ Savings
d	Account number		
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	119,253
38	Estimated tax penalty (see instructions)	38	458

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions

☒ Yes. Complete below. ☐ No

Designee's

Phone

Personal identification

name Margaret Marusich

no.

850-582-7358

number (PIN)

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

If the IRS sent you an Identity Protection PIN, enter it here.
(see instr.)

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here.
(see instr.)

Phone no.

Email address

Paid

Preparer's name Margaret Marusich

Preparer's signature

Date

PTIN

Check if:

P00531185

☐ Self-employed**Preparer Use Only**

Firm's name Emerald Accounting Inc.

Phone no 850-582-7358

PO Box 383

Firm's address Destin

FL 32540-0383

Firm's EIN 47-5302817

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2023)

Part II Adjustments to income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	6,752
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8i from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	6,752

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

2023

Attachment
Sequence No **02**

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

& Angela D Mason

Your social security number

[REDACTED]

Part I Tax

- 1 Alternative minimum tax. Attach Form 6251
- 2 Excess advance premium tax credit repayment. Attach Form 8962
- 3 Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

1	
2	
3	

Part II Other Taxes

- 4 Self-employment tax. Attach Schedule SE
- 5 Social security and Medicare tax on unreported tip income.
Attach Form 4137
- 6 Uncollected social security and Medicare tax on wages. Attach
Form 8919
- 7 Total additional social security and Medicare tax. Add lines 5 and 6
- 8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.
If not required, check here ☐
- 9 Household employment taxes. Attach Schedule H
- 10 Repayment of first-time homebuyer credit. Attach Form 5405 if required
- 11 Additional Medicare Tax. Attach Form 8959
- 12 Net investment income tax. Attach Form 8960
- 13 Uncollected social security and Medicare or RRTA tax on tips or group-term life
insurance from Form W-2, box 12
- 14 Interest on tax due on installment income from the sale of certain residential lots
and timeshares
- 15 Interest on the deferred tax on gain from certain installment sales with a sales price
over \$150,000
- 16 Recapture of low-income housing credit. Attach Form 8611

4	13,504
5	
6	
7	
8	
9	
10	
11	3,155
12	3
13	
14	
15	
16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount:			
	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount:	17z		
18 Total additional taxes. Add lines 17a through 17z		18	
19 Reserved for future use		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	16,662

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

[REDACTED] & Angela D Mason**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you must check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (f) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	[REDACTED]	P		[REDACTED]		
B	Guaranteed payments - services	P				
C						
D						

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		0		48,220	
B		0		282,699	
C					
D					
29a Totals				330,919	
b Totals					
30 Add columns (h) and (k) of line 29a			30	330,919	
31 Add columns (g), (i), and (j) of line 29b			31	0	
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31			32	330,919	

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		
Passive Income and Loss		Nonpassive Income and Loss
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1
A		
B		
34a Totals		
b Totals		
35 Add columns (d) and (f) of line 34a		35
36 Add columns (c) and (e) of line 34b		36
37 Total estate and trust income or (loss). Combine lines 35 and 36		37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3a
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below					39

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	330,919
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)Department of the Treasury
Internal Revenue Service**Self-Employment Tax**

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

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

OMB No. 1545-0074

2023Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

MasonSocial security number of person
with self-employment income**Part I Self-Employment Tax****Note:** If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.

- A** If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

- 1a** Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A

1a

- b** If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ

1b

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

- 2** Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order

2**330,919**

- 3** Combine lines 1a, 1b, and 2

3**330,919**

- 4a** If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3

4a**305,604****Note:** If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

- b** If you elect one or both of the optional methods, enter the total of lines 15 and 17 here

4b

- c** Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. **Exception:** If less than \$400 and you had church employee income, enter -0- and continue

4c**305,604**

- 5a** Enter your church employee income from Form W-2. See instructions for definition of church employee income

5a

- b** Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-

5b**0**

- 6** Add lines 4c and 5b

6**305,604**

- 7** Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023

7**160,200**

- 8a** Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11

8a**122,773**

- b** Unreported tips subject to social security tax from Form 4137, line 10

8b

- c** Wages subject to social security tax from Form 8919, line 10

8c

- d** Add lines 8a, 8b, and 8c

8d**122,773**

- 9** Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11

9**37,427**

- 10** Multiply the smaller of line 6 or line 9 by 12.4% (0.124)

10**4,641**

- 11** Multiply line 6 by 2.9% (0.029)

11**8,863**

- 12** Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3

12**13,504**

- 13** Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter the result here and on Schedule 1 (Form 1040), line 15

13**6,752**

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.

14 Maximum income for optional methods

14**6,560**

15 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross farm income¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above

15

Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14

16

17 Enter the **smaller** of: two-thirds ($\frac{2}{3}$) of gross nonfarm income⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above

17

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A — minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C

Qualified Business Income Deduction

OMB No. 1545-2294

2023Attachment
Sequence No **55A**Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form8995A for instructions and the latest information.

Name(s) shown on return

Your taxpayer identification number

& Angela D Mason

Note: You can claim the qualified business income deduction only if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is above \$182,100 (\$364,200 if married filing jointly), or you're a patron of an agricultural or horticultural cooperative.

Part I Trade, Business, or Aggregation Information

Complete Schedules A, B, and/or C (Form 8995-A), as applicable, before starting Part I. Attach additional worksheets when needed. See instructions.

1	(a) Trade, business, or aggregation name	(b) Check if specified service	(c) Check if aggregation	(d) Taxpayer identification number	(e) Check if patron
A		☐	☐		☐
B		☐	☐		☐
C		☐	☐		☐

Part II Determine Your Adjusted Qualified Business Income

	A	B	C
2 Qualified business income from the trade, business, or aggregation. See instructions	47,236		
3 Multiply line 2 by 20% (0.20). If your taxable income is \$182,100 or less (\$364,200 if married filing jointly), skip lines 4 through 12 and enter the amount from line 3 on line 13	9,447		
4 Allocable share of W-2 wages from the trade, business, or aggregation	14,673		
5 Multiply line 4 by 50% (0.50)	7,337		
6 Multiply line 4 by 25% (0.25)	3,668		
7 Allocable share of the unadjusted basis immediately after acquisition (UBIA) of all qualified property	0		
8 Multiply line 7 by 2.5% (0.025)	0		
9 Add lines 6 and 8	3,668		
10 Enter the greater of line 5 or line 9	7,337		
11 W-2 wage and UBIA of qualified property limitation. Enter the smaller of line 3 or line 10	7,337		
12 Phased-in reduction. Enter the amount from line 26, if any			
13 Qualified business income deduction before patron reduction. Enter the greater of line 11 or line 12	7,337		
14 Patron reduction. Enter the amount from Schedule D (Form 8995-A), line 6, if any. See instructions			
15 Qualified business income component. Subtract line 14 from line 13	7,337		
16 Total qualified business income component. Add all amounts reported on line 15	7,337		

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

Form **8995-A** (2023)

Part III Phased-In Reduction

Complete Part III only if your taxable income is more than \$182,100 but not \$232,100 (\$364,200 and \$464,200 if married filing jointly) and line 10 is less than line 3. Otherwise, skip Part III.

	A	B	C
17 Enter the amounts from line 3	17		
18 Enter the amounts from line 10	18		
19 Subtract line 18 from line 17	19		
20 Taxable income before qualified business income deduction	20		
21 Threshold. Enter \$182,100 (\$364,200 if married filing jointly)	21		
22 Subtract line 21 from line 20	22		
23 Phase-in range. Enter \$50,000 (\$100,000 if married filing jointly)	23		
24 Phase-in percentage. Divide line 22 by line 23	24	%	
25 Total phase-in reduction. Multiply line 19 by line 24	25		
26 Qualified business income after phase-in reduction. Subtract line 25 from line 17. Enter this amount here and on line 12, for the corresponding trade or business	26		

Part IV Determine Your Qualified Business Income Deduction

27 Total qualified business income component from all qualified trades, businesses, or aggregations. Enter the amount from line 16	27	7,337	
28 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss). See instructions	28		
29 Qualified REIT dividends and PTP (loss) carryforward from prior years	29		
30 Total qualified REIT dividends and PTP income. Combine lines 28 and 29. If less than zero, enter -0-	30	0	
31 REIT and PTP component. Multiply line 30 by 20% (0.20)	31		
32 Qualified business income deduction before the income limitation. Add lines 27 and 31	32		7,337
33 Taxable income before qualified business income deduction	33	579,884	
34 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	34		
35 Subtract line 34 from line 33. If zero or less, enter -0-	35		579,884
36 Income limitation. Multiply line 35 by 20% (0.20)	36		115,977
37 Qualified business income deduction before the domestic production activities deduction (DPAD) under section 199A(g). Enter the smaller of line 32 or line 36	37		7,337
38 DPAD under section 199A(g) allocated from an agricultural or horticultural cooperative. Don't enter more than line 33 minus line 37	38		
39 Total qualified business income deduction. Add lines 37 and 38	39		7,337
40 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 28 and 29. If zero or greater, enter -0-	40		

Additional Medicare Tax

If any line does not apply to you, leave it blank. See separate instructions.

Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to www.irs.gov/Form8959 for instructions and the latest information.**2023**Attachment
Sequence No. **71**

Name(s) shown on return

& Angela D Mason

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	295,039	
2	Unreported tips from Form 4137, line 6	2		
3	Wages from Form 8919, line 6	3		
4	Add lines 1 through 3	4	295,039	
5	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	5	250,000	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		45,039
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7		405

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Part I, line 6. If you had a loss, enter -0-	8	305,604	
9	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	9	250,000	
10	Enter the amount from line 4	10	295,039	
11	Subtract line 10 from line 9. If zero or less, enter -0-	11	0	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		305,604
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13		2,750

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14		
15	Enter the following amount for your filing status:			
	Married filing jointly \$250,000			
	Married filing separately \$125,000			
	Single, Head of household, or Qualifying surviving spouse \$200,000	15	250,000	
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		0
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17		

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Schedule 2 (Form 1040), line 11 (Form 1040-SS filers, see instructions), and go to Part V	18		3,155
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Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	4,278	
20	Enter the amount from line 1	20	295,039	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	4,278	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22		0
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, 1040-SR, or 1040-NR, line 25c (Form 1040-SS filers, see instructions)	24		

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

Form **8960****Net Investment Income Tax—
Individuals, Estates, and Trusts**

Attach to your tax return.

OMB No 1545-2227

2023Attachment
Sequence No **72**Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form8960 for instructions and the latest information.

Name(s) shown on your tax return

& Angela D Mason

Your social security number or EIN

Part I Investment Income

Section 6013(g) election (see instructions)

Section 6013(h) election (see instructions)

Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	91
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	330,919	4a	
4b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	-330,919	4b	
4c	Combine lines 4a and 4b		4c	
5a	Net gain or loss from disposition of property (see instructions)		5a	
5b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)		5b	
5c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)		5c	
5d	Combine lines 5a through 5c		5d	
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	91

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a	
9b	State, local, and foreign income tax (see instructions)	9b	
9c	Miscellaneous investment expenses (see instructions)	9c	
9d	Add lines 9a, 9b, and 9c	9d	
10	Additional modifications (see instructions)	10	
11	Total deductions and modifications. Add lines 9d and 10	11	

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-	12	91
13	Modified adjusted gross income (see instructions)	13	607,584
14	Threshold based on filing status (see instructions)	14	250,000
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	357,584
16	Enter the smaller of line 12 or line 15	16	91
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	17	3
18a	Net investment income (line 12 above)	18a	
18b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b	
18c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c	
19a	Adjusted gross income (see instructions)	19a	
19b	Highest tax bracket for estates and trusts for the year (see instructions)	19b	
19c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c	
20	Enter the smaller of line 18c or line 19c	20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)	21	

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

Form **8960** (2023)

Federal Statements

Form 1040 Reconciliation Worksheet, Line 61 - Other Taxes

<u>Description</u>	<u>Amount</u>
Form 8959	\$ 3,155
Form 8960	3
Total	<u>\$ 3,158</u>

Form 1040

K-1 Reconciliation Worksheet - Form 4684, Sch SE, Misc, Credits

2023

Name [REDACTED] Mason

Entity Name [REDACTED] Taxpayer Identification Number [REDACTED] Screen K1 K1 Unit 1

Activity [REDACTED] Entity Type Partnership

Passive Activity Type Not Passive

Disallowed Basis Limitation PY Suspended Basis Loss Disallowed At-risk Limitation PY Suspended At-risk Loss Disallowed Loss Limitation Tax Return

Form 4684

Form 4684 It loss trade/business

Form 4684 It loss income producing

Form 4684 long-term gain

Form 4684 at loss income producing

Schedule SE

Net earnings from self-employ

Gross farming or fishing inc

Gross nonfarm income

Miscellaneous / Basis Worksheet

Self-employed medical insurance

Shareholder med ins not on Form WP

Other tax-exempt income

Nondeductible expenses

Cash & market security distrib

Property distributions

Repayment of shareholder loans

Dependent care benefits (Form 244)

Credits

Federal Statements

State of Florida

Form W-2, Box 12

Description	Amount
Cost of employer-sponsored health coverage	\$ 22,339
Total	\$ 22,339

State of Florida

Form W-2, Box 14 - Other

Description	Amount
IRC Section 125 flexible benefits program	\$ 4,049
Total	\$ 4,049

Federal Statements

Form W-2, Box 12

<u>Description</u>	<u>Amount</u>
Section 401(k) contributions	\$ 6,424
Designated Roth contribution to a section 401(k) plan	1,606
Total	<u>\$ 8,030</u>

a Employee's social security number [REDACTED]		Payroll organization code 22-25-01-46-110		Intradepartment number 0000000010	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 166,977.00		2 Federal income tax withheld 24,093.96	
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 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 172,266.48		6 Medicare tax withheld 2,497.86	
		7 Social security tips		10 Dependent care benefits	
		11 Nonqualified plans		12a See instructions for box 12 DD 22,338.96	
d Control number 017806 01/05		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
e Employee's first name, middle and last name ANGELA D MASON [REDACTED]		14 Other 125 4,049.04		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. 1545-0045

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 22-25-01-46-110		Intradepartment number 0000000010	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 166,977.00		2 Federal income tax withheld 24,093.96	
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 160,200.00		4 Social security tax withheld 9,932.40	
		5 Medicare wages and tips 172,266.48		6 Medicare tax withheld 2,497.86	
		7 Social security tips		10 Dependent care benefits	
		11 Nonqualified plans		12a See instructions for box 12 DD 22,338.96	
d Control number 017806 01/05		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
e Employee's first name, middle and last name ANGELA D MASON [REDACTED]		14 Other 125 4,049.04		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. 1545-0045

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA327W 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