

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/31/2024

### General Information

Name: Mr Aaron Castillo Sr

PID 81154

### AGENCY INFORMATION

| Organization                    | Suborganization        | Title    |
|---------------------------------|------------------------|----------|
| Monroe County Housing Authority | Board of Commissioners | Chairman |

### CANDIDATE FOR

| Position                                                                | Agency Name                 | Position sought or held |
|-------------------------------------------------------------------------|-----------------------------|-------------------------|
| City, Town or Village (Commission or Council), Governing Board - Form 6 | CITY OF KEY WEST COMMISSION | DISTRICT 6              |

### Net Worth

My Net Worth as of December 31, 2023 was \$ 50,000.00.

## 2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/31/2024

### 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 \$ 20,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

| Description of Asset | Value of Asset |
|----------------------|----------------|
| FIRST STATE BANK CD  | \$ 41,000.00   |

### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

| Name of Creditor               | Address of Creditor                              | Amount of Liability |
|--------------------------------|--------------------------------------------------|---------------------|
| KEYS FEDERAL CREDIT UNION VISA | 514 SOUTHARD ST KEY WEST FL 33040                | \$ 18,800.00        |
| WELLS FARGO VISA               | 3131 NORTHSIDE DR KEY WEST FL 33040              | \$ 1,460.00         |
| HOME DEPOT                     | 2811 NORTH ROOSEVELT BLVD KEY WEST FL 33040      | \$ 8,168.00         |
| ELAN CREDIT CARD               | 3180 RIDER TRAIL S EARTH CITY MO 63045           | \$ 8,700.00         |
| SEARS CREDIT CARD              | 6716 GRADE LN BLDG 9 STE 910 LOUISVILLE KY 40213 | \$ 3,000.00         |
| BANK OF AMERICA CREDIT CARD    | 3200 FLAGLER AVE KEY WEST FL 33040               | \$ 3,000.00         |

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       |
|--------------------------------------------|-----------------------------------|--------------|
| FLORIDA KEYS FUNERAL SERVICES              | 418 SIMONTON ST KEY WEST FL 33040 | \$ 50,000.00 |
| 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.

***Aaron Castillo Sr***

Digitally signed: 05/31/2024

Filed with COE: 05/31/2024

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<br><b>AARON J</b>                                                                                                                                                                                                               |  | Last name<br><b>CASTILLO SR</b>          |  | Your social security number<br><b>[REDACTED]</b>     |  |
| If joint return, spouse's first name and middle initial<br><b>SHELLEY M</b>                                                                                                                                                                                        |  | Last name<br><b>CASTILLO</b>             |  | Spouse's social security number<br><b>[REDACTED]</b> |  |
| Home address (number and street). If you have a P.O. box, see instructions.<br><b>307 VIRGINIA ST</b>                                                                                                                                                              |  |                                          |  | Apt. no.<br><b></b>                                  |  |
| City, town, or post office. If you have a foreign address, also complete spaces below.<br><b>KEY WEST</b>                                                                                                                                                          |  |                                          |  | State<br><b>FL</b>                                   |  |
|                                                                                                                                                                                                                                                                    |  |                                          |  | ZIP code<br><b>33040</b>                             |  |
| Foreign country name<br><b></b>                                                                                                                                                                                                                                    |  | Foreign province/state/county<br><b></b> |  | Foreign postal code<br><b></b>                       |  |
| Presidential Election Campaign<br>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.<br><input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse |  |                                          |  |                                                      |  |

**Filing Status** ☐ Single ☐ Head of household (HOH)  
☒ Married filing jointly (even if only one had income)  
Check only ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)  
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):                                                         |           | (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 instructions and check here <input type="checkbox"/> |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |
|                                                                                        |           |                            |                         | <input type="checkbox"/>                               | <input type="checkbox"/>    |

|                                                                                                                                                             |                                                                                               |                                                                         |           |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------|--------|
| <b>Income</b><br><b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b><br>If you did not get a Form W-2, see instructions. | <b>1a</b>                                                                                     | Total amount from Form(s) W-2, box 1 (see instructions)                 | <b>1a</b> | 94323  |
|                                                                                                                                                             | <b>b</b>                                                                                      | Household employee wages not reported on Form(s) W-2                    | <b>1b</b> |        |
|                                                                                                                                                             | <b>c</b>                                                                                      | Tip income not reported on line 1a (see instructions)                   | <b>1c</b> |        |
|                                                                                                                                                             | <b>d</b>                                                                                      | Medicaid waiver payments not reported on Form(s) W-2 (see instructions) | <b>1d</b> |        |
|                                                                                                                                                             | <b>e</b>                                                                                      | Taxable dependent care benefits from Form 2441, line 26                 | <b>1e</b> | 0      |
|                                                                                                                                                             | <b>f</b>                                                                                      | Employer-provided adoption benefits from Form 8839, line 29             | <b>1f</b> | 0      |
|                                                                                                                                                             | <b>g</b>                                                                                      | Wages from Form 8919, line 6                                            | <b>1g</b> | 0      |
|                                                                                                                                                             | <b>h</b>                                                                                      | Other earned income (see instructions)                                  | <b>1h</b> |        |
|                                                                                                                                                             | <b>i</b>                                                                                      | Nontaxable combat pay election (see instructions)                       | <b>1i</b> |        |
|                                                                                                                                                             | <b>z</b>                                                                                      | Add lines 1a through 1h                                                 | <b>1z</b> | 94323  |
|                                                                                                                                                             | <b>2a</b>                                                                                     | Tax-exempt interest                                                     | <b>2a</b> |        |
|                                                                                                                                                             | <b>3a</b>                                                                                     | Qualified dividends                                                     | <b>3a</b> |        |
|                                                                                                                                                             | <b>4a</b>                                                                                     | IRA distributions                                                       | <b>4a</b> |        |
|                                                                                                                                                             | <b>5a</b>                                                                                     | Pensions and annuities                                                  | <b>5a</b> |        |
|                                                                                                                                                             | <b>6a</b>                                                                                     | Social security benefits                                                | <b>6a</b> | 12275  |
| <b>c</b>                                                                                                                                                    | If you elect to use the lump-sum election method, check here (see instructions)               | <input type="checkbox"/>                                                |           |        |
| <b>7</b>                                                                                                                                                    | Capital gain or (loss). Attach Schedule D if required. If not required, check here            | <input type="checkbox"/>                                                | <b>7</b>  |        |
| <b>8</b>                                                                                                                                                    | Additional income from Schedule 1, line 10                                                    |                                                                         | <b>8</b>  | 20214  |
| <b>9</b>                                                                                                                                                    | Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>                  |                                                                         | <b>9</b>  | 124971 |
| <b>10</b>                                                                                                                                                   | Adjustments to income from Schedule 1, line 26                                                |                                                                         | <b>10</b> | 0      |
| <b>11</b>                                                                                                                                                   | Subtract line 10 from line 9. This is your <b>adjusted gross income</b>                       |                                                                         | <b>11</b> | 124971 |
| <b>12</b>                                                                                                                                                   | <b>Standard deduction or itemized deductions</b> (from Schedule A)                            |                                                                         | <b>12</b> | 27700  |
| <b>13</b>                                                                                                                                                   | Qualified business income deduction from Form 8995 or Form 8995-A                             |                                                                         | <b>13</b> | 0      |
| <b>14</b>                                                                                                                                                   | Add lines 12 and 13                                                                           |                                                                         | <b>14</b> | 27700  |
| <b>15</b>                                                                                                                                                   | Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b> |                                                                         | <b>15</b> | 97271  |

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

Form 1040 (2023)

|                        |                                                              |                                                                                                                                                                                 |           |       |
|------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>Tax and Credits</b> | <b>16</b>                                                    | <b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____ | <b>16</b> | 12016 |
|                        | <b>17</b>                                                    | Amount from Schedule 2, line 3 . . . . .                                                                                                                                        | <b>17</b> | 0     |
|                        | <b>18</b>                                                    | Add lines 16 and 17 . . . . .                                                                                                                                                   | <b>18</b> | 12016 |
|                        | <b>19</b>                                                    | Child tax credit or credit for other dependents from Schedule 8812 . . . . .                                                                                                    | <b>19</b> |       |
|                        | <b>20</b>                                                    | Amount from Schedule 3, line 8 . . . . .                                                                                                                                        | <b>20</b> | 0     |
|                        | <b>21</b>                                                    | Add lines 19 and 20 . . . . .                                                                                                                                                   | <b>21</b> | 0     |
|                        | <b>22</b>                                                    | Subtract line 21 from line 18. If zero or less, enter -0- . . . . .                                                                                                             | <b>22</b> | 12016 |
|                        | <b>23</b>                                                    | Other taxes, including self-employment tax, from Schedule 2, line 21 . . . . .                                                                                                  | <b>23</b> | 0     |
| <b>24</b>              | Add lines 22 and 23. This is your <b>total tax</b> . . . . . | <b>24</b>                                                                                                                                                                       | 12016     |       |

|                 |                                                                                                           |                                                                           |            |       |
|-----------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------|-------|
| <b>Payments</b> | <b>25</b>                                                                                                 | Federal income tax withheld from:                                         |            |       |
|                 | <b>a</b>                                                                                                  | Form(s) W-2 . . . . .                                                     | <b>25a</b> | 15425 |
|                 | <b>b</b>                                                                                                  | Form(s) 1099 . . . . .                                                    | <b>25b</b> |       |
|                 | <b>c</b>                                                                                                  | Other forms (see instructions) . . . . .                                  | <b>25c</b> |       |
|                 | <b>d</b>                                                                                                  | Add lines 25a through 25c . . . . .                                       | <b>25d</b> | 15425 |
|                 | <b>26</b>                                                                                                 | 2023 estimated tax payments and amount applied from 2022 return . . . . . | <b>26</b>  |       |
|                 | <b>27</b>                                                                                                 | Earned income credit (EIC) . . . . .                                      | <b>27</b>  |       |
|                 | <b>28</b>                                                                                                 | Additional child tax credit from Schedule 8812 . . . . .                  | <b>28</b>  |       |
|                 | <b>29</b>                                                                                                 | American opportunity credit from Form 8863, line 8 . . . . .              | <b>29</b>  | 0     |
|                 | <b>30</b>                                                                                                 | Reserved for future use . . . . .                                         | <b>30</b>  |       |
| <b>31</b>       | Amount from Schedule 3, line 15 . . . . .                                                                 | <b>31</b>                                                                 | 0          |       |
| <b>32</b>       | Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b> . . . . . | <b>32</b>                                                                 | 0          |       |
| <b>33</b>       | Add lines 25d, 26, and 32. These are your <b>total payments</b> . . . . .                                 | <b>33</b>                                                                 | 15425      |       |

|               |            |                                                                                                                             |            |      |
|---------------|------------|-----------------------------------------------------------------------------------------------------------------------------|------------|------|
| <b>Refund</b> | <b>34</b>  | If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b> . . . . .            | <b>34</b>  | 3409 |
|               | <b>35a</b> | Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/> | <b>35a</b> | 3409 |
|               | <b>b</b>   | Routing number [REDACTED] <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings      |            |      |
|               | <b>d</b>   | Account number [REDACTED]                                                                                                   |            |      |
|               | <b>36</b>  | Amount of line 34 you want <b>applied to your 2024 estimated tax</b> . . . . .                                              | <b>36</b>  | 0    |

|                       |           |                                                                                                                                                                                                     |           |   |
|-----------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>Amount You Owe</b> | <b>37</b> | Subtract line 33 from line 24. This is the <b>amount you owe</b> .<br>For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> or see instructions . . . . . | <b>37</b> | 0 |
|                       | <b>38</b> | Estimated tax penalty (see instructions) . . . . .                                                                                                                                                  | <b>38</b> | 0 |

|                             |                                                                                                                                                                                                         |           |                                                 |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------|
| <b>Third Party Designee</b> | Do you want to allow another person to discuss this return with the IRS? See instructions . . . . . <input type="checkbox"/> <b>Yes</b> . Complete below. <input checked="" type="checkbox"/> <b>No</b> |           |                                                 |
|                             | Designee's name                                                                                                                                                                                         | Phone no. | Personal identification number (PIN) [REDACTED] |

|                  |                                                                                                                                                                                                                                                                                                                    |               |                          |                                                                                              |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------|----------------------------------------------------------------------------------------------|
| <b>Sign Here</b> | 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 inst.) [REDACTED]         |
|                  | Spouse's signature. If a joint return, <b>both</b> must sign.                                                                                                                                                                                                                                                      | Date          | Spouse's occupation      | If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) [REDACTED] |
|                  | Phone no.                                                                                                                                                                                                                                                                                                          | Email address | bnthurston@bellsouth.net |                                                                                              |

|                               |                 |                      |      |      |                                                     |
|-------------------------------|-----------------|----------------------|------|------|-----------------------------------------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name | Preparer's signature | Date | PTIN | Check if:<br><input type="checkbox"/> Self-employed |
|                               | Firm's name     | Phone no.            |      |      |                                                     |
|                               | Firm's address  | Firm's EIN           |      |      |                                                     |

**SCHEDULE 1**  
**(Form 1040)**

Department of the Treasury  
Internal Revenue Service

**Additional Income and Adjustments to Income**

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

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2023**

Attachment  
Sequence No. **01**

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

AARON J SR & SHELLEY M CASTILLO

Your social security number

**Part I Additional Income**

|           |                                                                                                                                                     |           |       |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------|
| <b>1</b>  | Taxable refunds, credits, or offsets of state and local income taxes . . . . .                                                                      | <b>1</b>  |       |
| <b>2a</b> | Alimony received . . . . .                                                                                                                          | <b>2a</b> |       |
| <b>b</b>  | Date of original divorce or separation agreement (see instructions): _____                                                                          |           |       |
| <b>3</b>  | Business income or (loss). Attach Schedule C . . . . .                                                                                              | <b>3</b>  | 0     |
| <b>4</b>  | Other gains or (losses). Attach Form 4797 . . . . .                                                                                                 | <b>4</b>  | 0     |
| <b>5</b>  | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .                                               | <b>5</b>  | 0     |
| <b>6</b>  | Farm income or (loss). Attach Schedule F . . . . .                                                                                                  | <b>6</b>  | 0     |
| <b>7</b>  | Unemployment compensation . . . . .                                                                                                                 | <b>7</b>  |       |
| <b>8</b>  | Other income:                                                                                                                                       |           |       |
| <b>a</b>  | Net operating loss . . . . .                                                                                                                        | <b>8a</b> | ( )   |
| <b>b</b>  | Gambling . . . . .                                                                                                                                  | <b>8b</b> | 10669 |
| <b>c</b>  | Cancellation of debt . . . . .                                                                                                                      | <b>8c</b> |       |
| <b>d</b>  | Foreign earned income exclusion from Form 2555 . . . . .                                                                                            | <b>8d</b> | ( )   |
| <b>e</b>  | Income from Form 8853 . . . . .                                                                                                                     | <b>8e</b> |       |
| <b>f</b>  | Income from Form 8889 . . . . .                                                                                                                     | <b>8f</b> |       |
| <b>g</b>  | Alaska Permanent Fund dividends . . . . .                                                                                                           | <b>8g</b> |       |
| <b>h</b>  | Jury duty pay . . . . .                                                                                                                             | <b>8h</b> |       |
| <b>i</b>  | Prizes and awards . . . . .                                                                                                                         | <b>8i</b> |       |
| <b>j</b>  | Activity not engaged in for profit income . . . . .                                                                                                 | <b>8j</b> |       |
| <b>k</b>  | Stock options . . . . .                                                                                                                             | <b>8k</b> |       |
| <b>l</b>  | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . . . | <b>8l</b> |       |
| <b>m</b>  | Olympic and Paralympic medals and USOC prize money (see instructions) . . . . .                                                                     | <b>8m</b> |       |
| <b>n</b>  | Section 951(a) inclusion (see instructions) . . . . .                                                                                               | <b>8n</b> |       |
| <b>o</b>  | Section 951A(a) inclusion (see instructions) . . . . .                                                                                              | <b>8o</b> |       |
| <b>p</b>  | Section 461(l) excess business loss adjustment . . . . .                                                                                            | <b>8p</b> |       |
| <b>q</b>  | Taxable distributions from an ABLE account (see instructions) . . . . .                                                                             | <b>8q</b> |       |
| <b>r</b>  | Scholarship and fellowship grants not reported on Form W-2 . . . . .                                                                                | <b>8r</b> |       |
| <b>s</b>  | Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d . . . . .                                                        | <b>8s</b> | ( )   |
| <b>t</b>  | Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan . . . . .                                   | <b>8t</b> |       |
| <b>u</b>  | Wages earned while incarcerated . . . . .                                                                                                           | <b>8u</b> |       |
| <b>z</b>  | Other income. List type and amount: <u>NONEMPLOYEE COMPENSATION</u>                                                                                 | <b>8z</b> | 9545  |
| <b>9</b>  | Total other income. Add lines 8a through 8z . . . . .                                                                                               | <b>9</b>  | 20214 |
| <b>10</b> | Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8 . . . . .         | <b>10</b> | 20214 |

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

Schedule 1 (Form 1040) 2023

**Part II Adjustments to Income**

|            |                                                                                                                                                                      |            |   |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>11</b>  | Educator expenses . . . . .                                                                                                                                          | <b>11</b>  |   |
| <b>12</b>  | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 . . . . .                                          | <b>12</b>  |   |
| <b>13</b>  | Health savings account deduction. Attach Form 8889 . . . . .                                                                                                         | <b>13</b>  | 0 |
| <b>14</b>  | Moving expenses for members of the Armed Forces. Attach Form 3903 . . . . .                                                                                          | <b>14</b>  | 0 |
| <b>15</b>  | Deductible part of self-employment tax. Attach Schedule SE . . . . .                                                                                                 | <b>15</b>  | 0 |
| <b>16</b>  | Self-employed SEP, SIMPLE, and qualified plans . . . . .                                                                                                             | <b>16</b>  |   |
| <b>17</b>  | Self-employed health insurance deduction . . . . .                                                                                                                   | <b>17</b>  |   |
| <b>18</b>  | Penalty on early withdrawal of savings . . . . .                                                                                                                     | <b>18</b>  |   |
| <b>19a</b> | Alimony paid . . . . .                                                                                                                                               | <b>19a</b> |   |
| <b>b</b>   | Recipient's SSN . . . . .                                                                                                                                            |            |   |
| <b>c</b>   | Date of original divorce or separation agreement (see instructions): _____                                                                                           |            |   |
| <b>20</b>  | IRA deduction . . . . .                                                                                                                                              | <b>20</b>  |   |
| <b>21</b>  | Student loan interest deduction . . . . .                                                                                                                            | <b>21</b>  |   |
| <b>22</b>  | Reserved for future use . . . . .                                                                                                                                    | <b>22</b>  |   |
| <b>23</b>  | Archer MSA deduction . . . . .                                                                                                                                       | <b>23</b>  | 0 |
| <b>24</b>  | Other adjustments:                                                                                                                                                   |            |   |
| <b>a</b>   | Jury duty pay (see instructions) . . . . .                                                                                                                           | <b>24a</b> |   |
| <b>b</b>   | Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit . . . . .                                       | <b>24b</b> |   |
| <b>c</b>   | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m . . . . .                                                   | <b>24c</b> |   |
| <b>d</b>   | Reforestation amortization and expenses . . . . .                                                                                                                    | <b>24d</b> |   |
| <b>e</b>   | Repayment of supplemental unemployment benefits under the Trade Act of 1974 . . . . .                                                                                | <b>24e</b> |   |
| <b>f</b>   | Contributions to section 501(c)(18)(D) pension plans . . . . .                                                                                                       | <b>24f</b> |   |
| <b>g</b>   | Contributions by certain chaplains to section 403(b) plans . . . . .                                                                                                 | <b>24g</b> |   |
| <b>h</b>   | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) . . . . .                                              | <b>24h</b> |   |
| <b>i</b>   | 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 . . . . . | <b>24i</b> |   |
| <b>j</b>   | Housing deduction from Form 2555 . . . . .                                                                                                                           | <b>24j</b> |   |
| <b>k</b>   | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) . . . . .                                                                                  | <b>24k</b> |   |
| <b>z</b>   | Other adjustments. List type and amount: _____                                                                                                                       | <b>24z</b> | 0 |
| <b>25</b>  | Total other adjustments. Add lines 24a through 24z . . . . .                                                                                                         | <b>25</b>  | 0 |
| <b>26</b>  | Add lines 11 through 23 and 25. These are your <b>adjustments to income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10 . . . . .                    | <b>26</b>  | 0 |

|                                                                                                                          |                            |                              |                     |                                            |                     |                                                                                                                                 |  |                                               |  |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------|---------------------|--------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|
| a Employee's social security number<br>[REDACTED]                                                                        |                            | Safe, accurate,<br>FAST! Use |                     | OMB No. 1545-0008                          |                     | irs e-file                                                                                                                      |  | Visit the IRS website at<br>www.irs.gov/efile |  |
| b Employer identification number (EIN)<br>42-1638141                                                                     |                            |                              |                     | 1 Wages, tips, other compensation<br>94323 |                     | 2 Federal income tax withheld<br>13961                                                                                          |  |                                               |  |
| c Employer's name, address, and ZIP code<br>FLORIDA KEYS FUNERAL SERVICES<br>418 SIMONTON STREET<br>KEY WEST, FL - 33040 |                            |                              |                     | 3 Social security wages<br>94323           |                     | 4 Social security tax withheld<br>5848                                                                                          |  |                                               |  |
|                                                                                                                          |                            |                              |                     | 5 Medicare wages and tips<br>94323         |                     | 6 Medicare tax withheld<br>1368                                                                                                 |  |                                               |  |
|                                                                                                                          |                            |                              |                     | 7 Social security tips                     |                     | 8 Allocated tips                                                                                                                |  |                                               |  |
| d Control number<br>000008                                                                                               |                            |                              |                     | 9                                          |                     | 10 Dependent care benefits                                                                                                      |  |                                               |  |
| e Employee's first name and initial<br>AARON                                                                             |                            | Last name<br>CASTILLO        |                     | Suff.                                      |                     | 11 Nonqualified plans                                                                                                           |  | 12a See instructions for box 12               |  |
| 307 VIRGINIA ST<br>KEY WEST, FL - 33040                                                                                  |                            |                              |                     |                                            |                     | 13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Disability pay <input type="checkbox"/> |  | 12b                                           |  |
|                                                                                                                          |                            |                              |                     |                                            |                     | 14 Other                                                                                                                        |  | 12c                                           |  |
|                                                                                                                          |                            |                              |                     |                                            |                     |                                                                                                                                 |  | 12d                                           |  |
| 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

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

FOR REVIEW PURPOSES ONLY, NOT AN OFFICIAL W-2

☐ CORRECTED (if checked)

OMB No. 1545-0238

**Form W-2G**  
**Certain**  
**Gambling**  
**Winnings**

(Rev. December 2023)

For calendar year  
20 23

This information  
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**Copy B**  
**Report this income**  
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**return. If this form**  
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**income tax**  
**withheld in box 4,**  
**attach this copy**  
**to your return.**

|                                                                                                                                                                                           |                                         |                                                       |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|---------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br><br>FLA DEPT OF THE LOTTERY<br>250 MARRIOT DRIVE<br>TALLAHASSEE<br><br>FL 32399 |                                         | 1 Reportable winnings<br>\$ 781                       | 2 Date won<br>03/10/2023              |
|                                                                                                                                                                                           |                                         | 3 Type of wager<br>O 1.00                             | 4 Federal income tax withheld<br>\$ 0 |
|                                                                                                                                                                                           |                                         | 5 Transaction<br>2547999                              | 6 Race                                |
|                                                                                                                                                                                           |                                         | 7 Winnings from identical wagers<br>\$                | 8 Cashier                             |
| PAYER'S TIN<br>59-2859478                                                                                                                                                                 | PAYER'S telephone no.<br>(850) 487-7707 | 9 WINNER'S TIN<br>[REDACTED]                          | 10 Window                             |
| WINNER'S name<br>AARON JOSE CASTILLO                                                                                                                                                      |                                         | 11 First identification no.                           | 12 Second identification no.          |
| Street address (including apt. no.)<br>307 VIRGINIA STREET                                                                                                                                |                                         | 13 State/Payer's state identification no.<br>FL<br>FL | 14 State winnings<br>\$               |
| City or town, state or province, country, and ZIP or foreign postal code<br>KEY WEST<br>FL 33040                                                                                          |                                         | 15 State income tax withheld<br>\$                    | 16 Local winnings<br>\$               |
|                                                                                                                                                                                           |                                         | 17 Local income tax withheld<br>\$                    | 18 Name of locality                   |

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature:

Date:

Form **W-2G** (Rev. 12-2023)

Department of the Treasury - Internal Revenue Service

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|                                                                                                                                                                                   |                                         |                                                       |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|------------------------------------------|
| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br>FLA DEPT OF THE LOTTERY<br>250 MARRIOT DRIVE<br>TALLAHASSEE<br>FL 32399 |                                         | 1 Reportable winnings<br>\$ 6100                      | 2 Date won<br>05/06/2023                 |
|                                                                                                                                                                                   |                                         | 3 Type of wager<br>O 1.00                             | 4 Federal income tax withheld<br>\$ 1464 |
|                                                                                                                                                                                   |                                         | 5 Transaction<br>2588086                              | 6 Race                                   |
|                                                                                                                                                                                   |                                         | 7 Winnings from identical wagers<br>\$                | 8 Cashier                                |
| PAYER'S TIN<br>59-2859478                                                                                                                                                         | PAYER'S telephone no.<br>(850) 487-7707 | 9 WINNER'S TIN<br>[REDACTED]                          | 10 Window                                |
| WINNER'S name<br>AARON JOSE CASTILLO                                                                                                                                              |                                         | 11 First identification no.                           | 12 Second identification no.             |
| Street address (including apt. no.)<br>307 VIRGINIA STREET                                                                                                                        |                                         | 13 State/Payer's state identification no.<br>FL<br>FL | 14 State winnings<br>\$                  |
| City or town, state or province, country, and ZIP or foreign postal code<br>KEY WEST<br>FL 33040                                                                                  |                                         | 15 State income tax withheld<br>\$                    | 16 Local winnings<br>\$                  |
|                                                                                                                                                                                   |                                         | 17 Local income tax withheld<br>\$                    | 18 Name of locality                      |

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| PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code<br><br>FLA DEPT OF THE LOTTERY<br>250 MARRIOT DRIVE<br>TALLAHASSEE<br><br>FL 32399 |                                         | 1 Reportable winnings<br>\$ 1413                      | 2 Date won<br>06/27/2023              |
|                                                                                                                                                                                           |                                         | 3 Type of wager<br>O 2.00                             | 4 Federal income tax withheld<br>\$ 0 |
|                                                                                                                                                                                           |                                         | 5 Transaction<br>2621345                              | 6 Race                                |
|                                                                                                                                                                                           |                                         | 7 Winnings from identical wagers<br>\$                | 8 Cashier                             |
| PAYER'S TIN<br>59-2859478                                                                                                                                                                 | PAYER'S telephone no.<br>(850) 487-7707 | 9 WINNER'S TIN<br>[REDACTED]                          | 10 Window                             |
| WINNER'S name<br>AARON JOSE CASTILLO SR                                                                                                                                                   |                                         | 11 First identification no.                           | 12 Second identification no.          |
| Street address (including apt. no.)<br>307 VIRGINIA STREET                                                                                                                                |                                         | 13 State/Payer's state identification no.<br>FL<br>FL | 14 State winnings<br>\$               |
| City or town, state or province, country, and ZIP or foreign postal code<br>KEY WEST<br>FL 33040                                                                                          |                                         | 15 State income tax withheld<br>\$                    | 16 Local winnings<br>\$               |
|                                                                                                                                                                                           |                                         | 17 Local income tax withheld<br>\$                    | 18 Name of locality                   |

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|                                                                                                                                                                                           |                                         | 3 Type of wager<br>O 1.00                             | 4 Federal income tax withheld<br>\$ 0 |
|                                                                                                                                                                                           |                                         | 5 Transaction<br>2645373                              | 6 Race                                |
|                                                                                                                                                                                           |                                         | 7 Winnings from identical wagers<br>\$                | 8 Cashier                             |
| PAYER'S TIN<br>59-2859478                                                                                                                                                                 | PAYER'S telephone no.<br>(850) 487-7707 | 9 WINNER'S TIN<br>[REDACTED]                          | 10 Window                             |
| WINNER'S name<br>AARON JOSE CASTILLO SR                                                                                                                                                   |                                         | 11 First identification no.                           | 12 Second identification no.          |
| Street address (including apt. no.)<br>307 VIRGINIA STREET                                                                                                                                |                                         | 13 State/Payer's state identification no.<br>FL<br>FL | 14 State winnings<br>\$               |
| City or town, state or province, country, and ZIP or foreign postal code<br>KEY WEST<br>FL 33040                                                                                          |                                         | 15 State income tax withheld<br>\$                    | 16 Local winnings<br>\$               |
|                                                                                                                                                                                           |                                         | 17 Local income tax withheld<br>\$                    | 18 Name of locality                   |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|-------------------------------------------|
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|                                                                                                                                                                                           |                                             | 3 Type of wager<br><br>O 1.00                             | 4 Federal income tax withheld<br><br>\$ 0 |
|                                                                                                                                                                                           |                                             | 5 Transaction<br><br>2685792                              | 6 Race                                    |
|                                                                                                                                                                                           |                                             | 7 Winnings from identical wagers<br><br>\$                | 8 Cashier                                 |
| PAYER'S TIN<br><br>59-2859478                                                                                                                                                             | PAYER'S telephone no.<br><br>(850) 487-7707 | 9 WINNER'S TIN<br><br>[REDACTED]                          | 10 Window                                 |
| WINNER'S name<br><br>AARON JOSE CASTILLO SR                                                                                                                                               |                                             | 11 First identification no.                               | 12 Second identification no.              |
| Street address (including apt. no.)<br><br>307 VIRGINIA STREET                                                                                                                            |                                             | 13 State/Payer's state identification no.<br><br>FL<br>FL | 14 State winnings<br><br>\$               |
| City or town, state or province, country, and ZIP or foreign postal code<br><br>KEY WEST<br>FL 33040                                                                                      |                                             | 15 State income tax withheld<br><br>\$                    | 16 Local winnings<br><br>\$               |
|                                                                                                                                                                                           |                                             | 17 Local income tax withheld<br><br>\$                    | 18 Name of locality                       |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|---------------------------------------|
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|                                                                                                                                                                                           |                                         | 3 Type of wager<br>O 1.00                             | 4 Federal income tax withheld<br>\$ 0 |
|                                                                                                                                                                                           |                                         | 5 Transaction<br>2710306                              | 6 Race                                |
|                                                                                                                                                                                           |                                         | 7 Winnings from identical wagers<br>\$                | 8 Cashier                             |
| PAYER'S TIN<br>59-2859478                                                                                                                                                                 | PAYER'S telephone no.<br>(850) 487-7707 | 9 WINNER'S TIN<br>[REDACTED]                          | 10 Window                             |
| WINNER'S name<br>AARON JOSE CASTILLO SR                                                                                                                                                   |                                         | 11 First identification no.                           | 12 Second identification no.          |
| Street address (including apt. no.)<br>307 VIRGINIA STREET                                                                                                                                |                                         | 13 State/Payer's state identification no.<br>FL<br>FL | 14 State winnings<br>\$               |
| City or town, state or province, country, and ZIP or foreign postal code<br>KEY WEST<br>FL 33040                                                                                          |                                         | 15 State income tax withheld<br>\$                    | 16 Local winnings<br>\$               |
|                                                                                                                                                                                           |                                         | 17 Local income tax withheld<br>\$                    | 18 Name of locality                   |

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