

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/04/2024

General Information

Name: Darla Bonk

PID 288313

AGENCY INFORMATION

Organization	Suborganization	Title
City of Fort Myers	City Council	

CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 6	City Council, Ward 6, City of Fort Myres	City Council, Ward 6

Net Worth

My Net Worth as of December 31, 2023 was \$ 20,000.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 15,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Stocks and Bonds	\$ 2,500.00
Money Market	\$ 10,000.00
Beneficiary Interest in Trust (parents)	\$ 150,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

Income

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

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

PRIMARY SOURCES OF INCOME:

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

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

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

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

N/A

Training

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

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

Signature of Reporting Official or Candidate

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

Darla Bonk

Digitally signed: 06/04/2024

Filed with COE: 06/04/2024

Copy B To be Filed with Employee's FEDERAL Tax Return.		2023 OMB No. 1545-0008	
a Employee's social security number [REDACTED]	1 Wages, tips, other comp. 36,105.50	2 Federal income tax withheld 2,185.18	
b Employer's ID number 59-6000321	3 Social security wages 37,084.40	4 Social security tax withheld 2,299.26	
	5 Medicare wages and tips 37,084.40	6 Medicare tax withheld 537.74	
c Employer's name, address, and ZIP code CITY OF FT MYERS PAYROLL DEPT PO BOX 2217 FORT MYERS, FL 33902-2217			
d Control number 0108			
e Employee's name, address, and ZIP code DARLA RUTH BONK 9336 RIVER OTTER DRIVE 103 FORT MYERS, FL 33912			
7 Social security tips	8 Allocated tips 0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD	32,922.96
13 Statutory employee	14 Other 414(H)(2) 978.90	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID #	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
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS
41-16200-1

Copy 2 To be Filed with Employee's State, City or Local Tax Return.		2023 OMB No. 1545-0008	
a Employee's social security number [REDACTED]	1 Wages, tips, other comp. 36,105.50	2 Federal income tax withheld 2,185.18	
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13 Statutory employee	14 Other 414(H)(2) 978.90	12b Code	
Retirement plan X		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID #	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

Dept. of the Treasury - IRS

Copy C for Employee's Records		2023 OMB No. 1545-0008	
a Employee's social security number [REDACTED]	1 Wages, tips, other comp. 36,105.50	2 Federal income tax withheld 2,185.18	
b Employer's ID number 59-6000321	3 Social security wages 37,084.40	4 Social security tax withheld 2,299.26	
	5 Medicare wages and tips 37,084.40	6 Medicare tax withheld 537.74	
c Employer's name, address, and ZIP code CITY OF FT MYERS PAYROLL DEPT PO BOX 2217 FORT MYERS, FL 33902-2217			
d Control number 0108			
e Employee's name, address, and ZIP code DARLA RUTH BONK 9336 RIVER OTTER DRIVE 103 FORT MYERS, FL 33912			
7 Social security tips	8 Allocated tips 0.00		
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 DD	32,922.96
13 Statutory employee	14 Other 414(H)(2) 978.90	12b Code	
Retirement plan X		12c Code	
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15 State Employer's state ID #	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

Dept. of the Treasury - IRS

Copy 2 To be Filed with Employee's State, City or Local Tax Return.		2023 OMB No. 1545-0008	
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15 State Employer's state ID #	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

Dept. of the Treasury - IRS

b Employer's identification number: 81-2773519		12a See instructions for Box 12		1 Wages, tips, other compensation: 30969.50		2 Federal income tax withheld: 1027.18	
c Employer's name, address, and ZIP code: ARCHITECTURAL METAL FLASHINGS, LLC 11217 SURREY PL FORT MYERS FL 33913		12b \$		3 Social security wages: 30969.50		4 Social security tax withheld: 1920.11	
e Employee's first name and initial: Last name: [REDACTED]		12c \$		5 Medicare wages and tips: 30969.50		6 Medicare tax withheld: 449.06	
f Employee's address and ZIP code: DARLA R BONK 2659 NE 9TH AVE. CAPE CORAL FL 33909		12d \$		7 Social security tips: \$		8 Allocated tips: \$	
15 State: Employer's state ID No. 16 State wages, tips, etc. 17 State income tax		This information is being furnished to the Internal Revenue Service. Copy B To Be Filed with Employee's FEDERAL Tax Return g Employee's soc. sec. no. [REDACTED]		9 \$		10 Dependent care benefits: \$	
18 Local wages, tips, etc. 19 Local income tax 20 Locality name		11 Nonqualified plans: \$		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		14 Other: \$	

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy B To Be Filed With Employee's FEDERAL Tax Return

b Employer's identification number: 81-2773519		12a See instructions for Box 12		1 Wages, tips, other compensation: 30969.50		2 Federal income tax withheld: 1027.18	
c Employer's name, address, and ZIP code: ARCHITECTURAL METAL FLASHINGS, LLC 11217 SURREY PL FORT MYERS FL 33913		12b \$		3 Social security wages: 30969.50		4 Social security tax withheld: 1920.11	
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f Employee's address and ZIP code: DARLA R BONK 2659 NE 9TH AVE. CAPE CORAL FL 33909		12d \$		7 Social security tips: \$		8 Allocated tips: \$	
15 State: Employer's state ID No. 16 State wages, tips, etc. 17 State income tax		This information is being furnished to the Internal Revenue Service. Copy 2 for State, City, or Local Tax Departments g Employee's soc. sec. no. [REDACTED]		9 \$		10 Dependent care benefits: \$	
18 Local wages, tips, etc. 19 Local income tax 20 Locality name		11 Nonqualified plans: \$		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		14 Other: \$	

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

REV 01/10/24 CSF

b Employer's identification number: 81-2773519		12a See instructions for Box 12		1 Wages, tips, other compensation: 30969.50		2 Federal income tax withheld: 1027.18	
c Employer's name, address, and ZIP code: ARCHITECTURAL METAL FLASHINGS, LLC 11217 SURREY PL FORT MYERS FL 33913		12b \$		3 Social security wages: 30969.50		4 Social security tax withheld: 1920.11	
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18 Local wages, tips, etc. 19 Local income tax 20 Locality name		11 Nonqualified plans: \$		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		14 Other: \$	

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy 2 To Be Filed With Employee's STATE, CITY, or LOCAL Tax Departments

b Employer's identification number: 81-2773519		12a See instructions for Box 12		1 Wages, tips, other compensation: 30969.50		2 Federal income tax withheld: 1027.18	
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f Employee's address and ZIP code: DARLA R BONK 2659 NE 9TH AVE. CAPE CORAL FL 33909		12d \$		7 Social security tips: \$		8 Allocated tips: \$	
15 State: Employer's state ID No. 16 State wages, tips, etc. 17 State income tax		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. Copy C for Employee's Records (see notice to Employee on back) g Employee's soc. sec. no. [REDACTED]		9 \$		10 Dependent care benefits: \$	
18 Local wages, tips, etc. 19 Local income tax 20 Locality name		11 Nonqualified plans: \$		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		14 Other: \$	

Form W-2 Wage and Tax Statement 2023 Department of the Treasury-Internal Revenue Service OMB # 1545-0008 Copy C For Employee's Records

IRS e-file Signature Authorization

OMB No. 1545-0074

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

Submission Identification Number (SID) ►

Taxpayer's name

Jeffrey Bonk

Social security number

[REDACTED]

Spouse's name

DARLA R Bonk

Spouse's social security number

[REDACTED]

Part I Tax Return Information — Tax Year Ending December 31, (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	205,150.
2	Total tax	2	18,856.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	25,357.
4	Amount you want refunded to you	4	6,501.
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize Intuit Inc to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.  Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► Jeffrey BonkDate ► 01/29/2024**Spouse's PIN: check one box only**

- ☒ I authorize Intuit Inc to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing.  Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Darla R BonkDate ► 01/29/2024**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

 Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► Robert Guerra

Date ►

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

See separate instructions.

Income			1a		204,999.			
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)					1a	204,999.
	1b	Household employee wages not reported on Form(s) W-2					1b	
	1c	Tip income not reported on line 1a (see instructions)					1c	
	1d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)					1d	
	1e	Taxable dependent care benefits from Form 2441, line 26					1e	
	1f	Employer-provided adoption benefits from Form 8839, line 29					1f	
	1g	Wages from Form 8919, line 6					1g	
	1h	Other earned income (see instructions)					1h	0.
	1i	Nontaxable combat pay election (see instructions)					1i	
	1z	Add lines 1a through 1h					1z	204,999.
Attach Sch. B if required.	2a	Tax-exempt interest	2a		2b	Taxable interest	2b	151.
	3a	Qualified dividends	3a		3b	Ordinary dividends	3b	
	4a	IRA distributions	4a		4b	Taxable amount	4b	
	5a	Pensions and annuities	5a		5b	Taxable amount	5b	
	6a	Social security benefits	6a		6b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)						
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here					7	
	8	Additional income from Schedule 1, line 10					8	
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income					9	205,150.
	10	Adjustments to income from Schedule 1, line 26					10	
Standard Deduction for— Single or Married filing separately, \$13,850 Married filing jointly or Qualifying surviving spouse, \$27,700 Head of household, \$20,800 If you checked any box under Standard Deduction , see instructions.	11	Subtract line 10 from line 9. This is your adjusted gross income					11	205,150.
	12	Standard deduction or itemized deductions (from Schedule A)					12	76,784.
	13	Qualified business income deduction from Form 8995 or Form 8995-A					13	
	14	Add lines 12 and 13					14	76,784.
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income					15	128,366.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	18,856.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	18,856.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	18,856.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	18,856.	

Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	25,357.	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c	25d	25,357.	
	26	2023 estimated tax payments and amount applied from 2022 return	26		
	27	Earned income credit (EIC) NO	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	25,357.		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,501.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	6,501.
	b	Routing number [REDACTED]	c Type: ☒ Checking ☐ Savings	
	d	Account number [REDACTED]		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes . Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification 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 inst.)
	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 inst.)
	Phone no. (239) 322-7251	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Robert Guerra	Robert Guerra	01/30/2024	P01595064	
	Firm's name	Firm's address			Phone no.
	Intuit Inc	7535 Torrey Santa Fe Road San Diego CA 92129			77-0034661

**SCHEDULE A
(Form 1040)**Department of the Treasury
Internal Revenue Service**Itemized Deductions**

Attach to Form 1040 or 1040-SR.

Go to www.irs.gov/ScheduleA for instructions and the latest information.**Caution:** If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023Attachment
Sequence No. **07**

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

Jeffrey & DARLA R Bonk

Your social security number

**Medical
and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- | | | |
|--|----------|---------|
| 1 Medical and dental expenses (see instructions) | 1 | 0. |
| 2 Enter amount from Form 1040 or 1040-SR, line 11 2 205,150. | 2 | |
| 3 Multiply line 2 by 7.5% (0.075) | 3 | 15,386. |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 0. |

**Taxes You
Paid**

- | | | |
|--|-----------|--------|
| 5 State and local taxes.
a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☐ | 5a | |
| b State and local real estate taxes (see instructions) | 5b | 7,040. |
| c State and local personal property taxes | 5c | 70. |
| d Add lines 5a through 5c | 5d | 7,110. |
| e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) | 5e | 7,110. |
| 6 Other taxes. List type and amount: _____ | 6 | |
| 7 Add lines 5e and 6 | 7 | 7,110. |

**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- | | | |
|---|-----------|--------|
| 8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐
a Home mortgage interest and points reported to you on Form 1098. See instructions if limited | 8a | 8,318. |
| b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address _____ | 8b | |
| c Points not reported to you on Form 1098. See instructions for special rules | 8c | |
| d Reserved for future use | 8d | |
| e Add lines 8a through 8c | 8e | 8,318. |
| 9 Investment interest. Attach Form 4952 if required. See instructions | 9 | |
| 10 Add lines 8e and 9 | 10 | 8,318. |

**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- | | | |
|--|-----------|---------|
| 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 11 | 61,356. |
| 12 Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 12 | |
| 13 Carryover from prior year | 13 | |
| 14 Add lines 11 through 13 | 14 | 61,356. |

**Casualty and
Theft Losses**

- | | | |
|--|-----------|--|
| 15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions | 15 | |
|--|-----------|--|

**Other
Itemized
Deductions**

- | | | |
|--|-----------|--|
| 16 Other—from list in instructions. List type and amount: _____ | 16 | |
|--|-----------|--|

**Total
Itemized
Deductions**

- | | | |
|--|-----------|---------|
| 17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12 | 17 | 76,784. |
| 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐ | | |