

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/10/2024

General Information

Name: Hon Victor Joseph Musleh

CONFIDENTIAL

PID 12910

AGENCY INFORMATION

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

Net Worth

My Net Worth as of December 31, 2023 was \$ 6,862,911.00.

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 \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home {REDACTED}	\$ 1,250,000.00
Villa {REDACTED}	\$ 450,000.00
jewelry	\$ 50,000.00
cash in bank account	\$ 65,911.24
U S Savings Bonds	\$ 80,000.00
Insurance cash value	\$ 300,000.00
Stocks, see attached list	\$ 4,567,000.00
See Attached	

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
State Pension	State of FL	\$ 110,350.00
Stock income	Merrill Lynch, Ocala, FL	\$ 68,343.00
tax exempt interest	Merrill Lynch, Ocala, FL	\$ 1,834.00
Senior Judge income	State of FL	\$ 8,500.00
Social Security	U. S. Treasury	\$ 47,508.00
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
N/A			

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.

Victor Joseph Musleh

Digitally signed: 06/10/2024

Filed with COE: 06/10/2024

For the year Jan. 1 - Dec. 31, 2023, or other tax year beginning _____, ending _____

Your first name and middle initial **VICTOR J.** Last name **MUSLEH**

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

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____

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

Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

See separate instructions.
Your social security number _____
Spouse's social security number _____

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

Filing Status ☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
Check only one box. ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☒ Were born before January 2, 1959 ☐ Are blind Spouse: ☒ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instr.)
				Child tax credit
				Credit for other dependent

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s	1t	1u	1v	1w	1x	1y	1z
Total amount from Form(s) W-2, box 1 (see instructions) STMT 1												8,500													
Household employee wages not reported on Form(s) W-2																									
Tip income not reported on line 1a (see instructions)																									
Medicaid waiver payments not reported on Form(s) W-2 (see instructions)																									
Taxable dependent care benefits from Form 2441, line 26																									
Employer-provided adoption benefits from Form 8839, line 29																									
Wages from Form 8919, line 6																									
Other earned income (see instructions)																									
Nontaxable combat pay election (see instructions)																									
Add lines 1a through 1h												8,500													
2a Tax-exempt interest												1,834.													
3a Qualified dividends												64,733.													
4a IRA distributions																									
5a Pensions and annuities												110,350.													
6a Social security benefits												47,508.													
b Taxable interest																									
b Ordinary dividends																									
b Taxable amount																									
b Taxable amount												110,248													
b Taxable amount												40,382													
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												-3,000													
8 Additional income from Schedule 1, line 10												24													
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income												315,960													
10 Adjustments to income from Schedule 1, line 26																									
11 Subtract line 10 from line 9. This is your adjusted gross income												315,960													
12 Standard deduction or itemized deductions (from Schedule A)												30,700													
13 Qualified business income deduction from Form 8995 or Form 8995-A																									
14 Add lines 12 and 13												30,700													
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income												285,260													

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	49,438.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	49,438.
	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	49,438.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2,507.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your total tax	24	51,945.

Payments	25	Federal income tax withheld from:	25d	10,740.
	a	Form(s) W-2 SEE STATEMENT 8	25a	501.
	b	Form(s) 1099 SEE STATEMENT 10	25b	10,239.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	10,740.
	26	2023 estimated tax payments and amount applied from 2022 return STATEMENT 9	26	49,600.
	27	Earned income credit (EIC)	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	60,340.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	8,395.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	
	b	Routing number	c	Type: ☐ Checking ☐ Savings
	d	Account number		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	8,395.

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)	
STACY MULKEY, CPA	352-732-0171		

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.

Sign Here	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
			JUDGE	
	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.)
			HOUSEWIFE	
	Phone no.	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	STACY MULKEY, CPA	STACY MULKEY, CPA		P00638995	

Firm's name	Phone no.
DUGGAN, JOINER & COMPANY, CPA'S	352-732-0171
334 N.W. 3RD AVENUE	
Firm's address	Firm's EIN
OCALA, FL 34475	59-1349759

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

Additional Income and Adjustments to Income

Department of the Treasury
Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

Your social security number
[REDACTED]

as shown on Form 1040, 1040-SR, or 1040-NR
TOR J. & [REDACTED] MUSLEH

1 Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	
2a	Alimony received	
3	Date of original divorce or separation agreement (see instructions)	
4	Business income or (loss). Attach Schedule C	
5	Other gains or (losses). Attach Form 4797	248.
6	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
7	Farm income or (loss). Attach Schedule F	
	Unemployment compensation	
	Other income:	
	8a Net operating loss	
	8b Gambling	
	8c Cancellation of debt	
	8d Foreign earned income exclusion from Form 2555	
	8e Income from Form 8853	
	8f Income from Form 8889	
	8g Alaska Permanent Fund dividends	
	8h Jury duty pay	
	8i Prizes and awards	
	8j Activity not engaged in for profit income	
	8k Stock options	
	8l 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	
	8m Olympic and Paralympic medals and USOC prize money (see instructions)	
	8n Section 951(a) inclusion (see instructions)	
	8o Section 951A(a) inclusion (see instructions)	
	8p Section 461(l) excess business loss adjustment	
	8q Taxable distributions from an ABLE account (see instructions)	
	8r Scholarship and fellowship grants not reported on Form W-2	
	8s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	
	8t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	
	8u Wages earned while incarcerated	
	8z Other income. List type and amount:	
9	Total other income. Add lines 8a through 8z	
10	Combine lines 1 through 7 and 9. This is your additional income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	248.

Paperwork Reduction Act Notice, see your tax return instructions.

EXHIBIT A-----LIST OF STOCKS OWNED

ALL

AAPL

BAC

BMJ

C

COP

CSCO

DIS

DVN

IBM

JPM

OXY

PSX

VZ

WHR

XOM

ET