

General Information

Name: Mrs Cathy Rhoden

PID 265308

AGENCY INFORMATION

Organization	Suborganization	Title
Baker County	Board Of Adjustment	
Baker County	Elected Constitutional Officer	County Commissioner
New River Public Library Cooperative	Board of Supervisors	

Net WorthMy Net Worth as of December 31, 2023 was \$ 454,600.20.**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 \$ 80,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Home	\$ 200,000.00
Used Mobile Home	\$ 3,500.00

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.

Cathy Rhoden

Digitally signed: 06/26/2024

Filed with COE: 06/26/2024

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 Wayne M		Last name Rhoden		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial Cathy C		Last name Rhoden		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 5625 Martin Rhoden Ln				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. MACCLENNY				State FL	
				ZIP code 32063	
Foreign country name		Foreign province/state/county		Foreign postal code	

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

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

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

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

Dependents (see instructions):

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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	36,001
b Household employee wages not reported on Form(s) W-2	1b	
c Tip income not reported on line 1a (see instructions)	1c	
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) . . .	1d	
e Taxable dependent care benefits from Form 2441, line 26	1e	
f Employer-provided adoption benefits from Form 8839, line 29	1f	
g Wages from Form 8919, line 6	1g	
h Other earned income (see instructions)	1h	
i Nontaxable combat pay election (see instructions)	1i	
z Add lines 1a through 1h	1z	36,001
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRA distributions	4a	
5a Pensions and annuities	5a	
6a Social security benefits	6a	52,315
b Taxable interest	2b	
b Ordinary dividends	3b	
b Taxable amount	4b	9,500
b Taxable amount	5b	
b Taxable amount	6b	29,510
c If you elect to use the lump-sum election method, check here (see instructions)		☐

Standard DeductionSee *Standard Deduction Chart* on the last page of this form.

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	75,011
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	75,011
12	Standard deduction or itemized deductions (from Schedule A)	12	30,700
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	30,700
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	44,311

Tax and Credits

16	Tax (see instructions). Check if any from: 1 ☐ Form(s) 8814 2 ☐ Form(s) 4972 3 ☐	16	4,879
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,879
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,879
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	4,879

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	3,470
b	Form(s) 1099	25b	5,242
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	8,712
26	2023 estimated tax payments and amount applied from 2022 return	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	0
33	Add lines 25d, 26, and 32. These are your total payments	33	8,712

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

Form 1040-SR (2023)

Wayne M & Cathy C Rhoden

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Refund 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here

Direct deposit?
See
instructions.

b Routing number

d Account number

c Type: ☒ Checking ☐ Savings

36 Amount of line 34 you want **applied to your 2024 estimated tax**

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

38 Estimated tax penalty (see instructions)

Third Party Designee

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

Designee's name

Dawn Wrye

Phone no.

904-259-8322

☒ Yes. Complete below.
Personal identification number (PIN)

☐ No

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

02-29-2024

Your occupation

RETIRED

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

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

Date

02-29-2024

Spouse's occupation

County Commissioner

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

Phone no.

Preparer's signature

Dawn Wrye

Preparer's name

Dawn Wrye

Firm's name

Advantage Tax Inc

Firm's address

**1191 S 6th Street
MacClenny, FL 32063**

Date

02-29-2024

PTIN

P00195348

Check if:

☐ Self-employed

Phone no.

904-259-8322

Firm's EIN

87-3013625

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

Form **1040-SR** (2023)