

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

### General Information

Name: Traci Lynn Phillips  
Address: 1100 N OTTAWA AVE, LECANTO, FL 34461  
County: Citrus

Organization	Suborganization	Title
N/A		

### CANDIDATE FOR

Position	Agency Name	Position sought or held
Clerk of the Courts and Comptroller	Citrus County	Clerk of the Circuit Court and Comptroller

### Net Worth

My Net Worth as of March 31, 2024 was \$ 374,778.90.



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

### 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
Land - 50 Deer Road, Frost proof, FL 34483	\$ 45,000.00
Suncoast Schools Federal Credit Union	\$ 24,567.81
FRS Investment Plan	\$ 223,003.02
Zions Bancorporation Natl Ass CD	\$ 5,000.60
Fidelity Contrafund Large Capital Stocks	\$ 61,716.82
ManageforMe Moderate Fund SVC Class Asset Allocation Funds	\$ 5,076.83
Nationwide Fund Institutional Service Class Large Capital Stocks	\$ 40,344.35
Neuberger Berman Genesis Fund Trust Class	\$ 9,137.03
American AMCAP F3 Mutual Fund	\$ 1,217.65
American Investment Co of America F3 Mutual Fund	\$ 1,600.56
Franklin Mutual Global Disc R6 Mutual Fund	\$ 1,369.23
JP Morgan Equity Income R6 Mutual Fund	\$ 1,143.85

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

### Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
MOHELA Student Loan	633 Spirit Drive, Chesterfield, MO 63005	\$ 3,809.34
Suncoast Schools Federal Credit Union	P.O. Box 11904, Tampa, FL 33680	\$ 49,136.40
Suncoast Schools Federal Credit Union	P.O. Box 11904, Tampa, FL 33680	\$ 6,831.50

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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

### 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

**Signature of Reporting Official or Candidate**

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

***Traci Lynn Phillips***

Digitally signed: 04/02/2024

Form **1040** Department of the Treasury—Internal Revenue Service  
**U.S. Individual Income Tax Return**

**2023**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

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

Tracey

Last name

Phillips

Your social security number

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

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions

1100 N. Ottawa Ave.

Apt. no.

Presidential Election Campaign

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

Trumbull

State

FL

ZIP code

344617746

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

Foreign country name

Foreign province/state/county

Foreign postal code

**Filing Status**

☐ Single

☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)

☒ 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: James A. Perry

**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):

If more than four dependents, see instructions and check here ☐

(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
				<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income**

<b>1a</b>	Total amount from Form(s) W-2, box 1 (see instructions)	<b>1a</b>	93,163.
<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>	
<b>f</b>	Employer-provided adoption benefits from Form 8839, line 29	<b>1f</b>	
<b>g</b>	Wages from Form 8919, line 6	<b>1g</b>	
<b>h</b>	Other earned income (see instructions)	<b>1h</b>	0.
<b>i</b>	Nontaxable combat pay election (see instructions)	<b>1i</b>	
<b>z</b>	Add lines 1a through 1h	<b>1z</b>	93,163.

Attach Sch. B if required

<b>2a</b>	Tax-exempt interest	<b>2a</b>		<b>b</b>	Taxable interest	<b>2b</b>	82.
<b>3a</b>	Qualified dividends	<b>3a</b>		<b>b</b>	Ordinary dividends	<b>3b</b>	
<b>4a</b>	IRA distributions	<b>4a</b>		<b>b</b>	Taxable amount	<b>4b</b>	
<b>5a</b>	Pensions and annuities	<b>5a</b>		<b>b</b>	Taxable amount	<b>5b</b>	
<b>6a</b>	Social security benefits	<b>6a</b>		<b>b</b>	Taxable amount	<b>6b</b>	

**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.

<b>c</b>	If you elect to use the lump-sum election method, check here (see instructions)	<b>7</b>	
<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>8</b>	
<b>8</b>	Additional income from Schedule 1, line 10	<b>9</b>	93,245.
<b>9</b>	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b>	<b>10</b>	
<b>10</b>	Adjustments to income from Schedule 1, line 26	<b>11</b>	93,245.
<b>11</b>	Subtract line 10 from line 9. This is your <b>adjusted gross income</b>	<b>12</b>	13,850.
<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A)	<b>13</b>	
<b>13</b>	Qualified business income deduction from Form 8995 or Form 8995-A	<b>14</b>	13,850.
<b>14</b>	Add lines 12 and 13	<b>15</b>	79,395.
<b>15</b>	Subtract line 14 from line 11. If zero or less, enter -0-. This is your <b>taxable income</b>		

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): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>16</b>	12,770.
	<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
	<b>18</b>	Add lines 16 and 17	<b>18</b>	12,770.
	<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>	
	<b>21</b>	Add lines 19 and 20	<b>21</b>	
	<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	12,770.
	<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>	12,770.

<b>Payments</b>	<b>25</b>	Federal income tax withheld from:		
	<b>a</b>	Form(s) W-2	<b>25a</b>	14,661.
	<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>	14,661.
	<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>	
	<b>30</b>	Reserved for future use	<b>30</b>	
	<b>31</b>	Amount from Schedule 3, line 15	<b>31</b>	
	<b>32</b>	Add lines 27, 28, 29, and 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	
	<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	14,661.

<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>	1,891.
	<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>	1,891.
Direct deposit? See instructions.	<b>b</b>	Routing number	<b>c</b>	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	<b>d</b>	Account number		
	<b>36</b>	Amount of line 34 you want <b>applied to your 2024 estimated tax</b>	<b>36</b>	

<b>Amount You Owe</b>	<b>37</b>	Subtract line 33 from line 24. This is the <b>amount you owe</b> . 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>	
	<b>38</b>	Estimated tax penalty (see instructions)	<b>38</b>	

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

<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.)
	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.)
	Phone no (352) 232-5549	Email address		

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

# Copy B To Be Filed With Employee's FEDERAL Tax Return

38-2099803  
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 93162.75	2 Federal income tax withheld 14660.71
b Employer ID number 59-6000547	3 Social security wages 113079.79	4 Social security tax withheld 7010.93
	5 Medicare wages and tips 113079.79	6 Medicare tax withheld 1639.57
c Employer's name, address, and ZIP code CITRUS COUNTY CLERK OF THE COURT 110 N. APOPKA AVENUE INVERNESS, FL 34450-4299		
d Control number <b>CREATED BY EMPLOYEE ACCESS CENTER</b>		
e Employee's name, address, and ZIP code TRACIL PHILLIPS  1100 N OTTAWA AVENUE LECANTO, FL 34461		
7 Social security tips 0.00	8 Allocated tips 0.00	
10 Dependent care benefits 0	11 Nonqualified plans 0	12a Code See Inst. for box 12 DD 7876.24
13 Statutory employee	14 Other FSA 1000	12b Code G 16495
Retirement plan X		12c Code 0
Third-party sick pay		12d Code 0
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

2023

Dept. of the Treasury -- IRS

This information is being furnished to the Internal Revenue Service

# Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

38-2099803  
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 93162.75	2 Federal income tax withheld 14660.71
b Employer ID number 59-6000547	3 Social security wages 113079.79	4 Social security tax withheld 7010.93
	5 Medicare wages and tips 113079.79	6 Medicare tax withheld 1639.57
c Employer's name, address, and ZIP code CITRUS COUNTY CLERK OF THE COURT 110 N. APOPKA AVENUE INVERNESS, FL 34450-4299		
d Control number <b>CREATED BY EMPLOYEE ACCESS CENTER</b>		
e Employee's name, address, and ZIP code TRACIL PHILLIPS  1100 N OTTAWA AVENUE LECANTO, FL 34461		
7 Social security tips 0.00	8 Allocated tips 0.00	
10 Dependent care benefits 0	11 Nonqualified plans 0	12a Code DD 7876.24
13 Statutory employee	14 Other FSA 1000	12b Code G 16495
Retirement plan X		12c Code 0
Third-party sick pay		12d Code 0
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

2023

Dept. of the Treasury -- IRS

# Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)

38-2099803  
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 93162.75	2 Federal income tax withheld 14660.71
b Employer ID number 59-6000547	3 Social security wages 113079.79	4 Social security tax withheld 7010.93
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d Control number <b>CREATED BY EMPLOYEE ACCESS CENTER</b>		
e Employee's name, address, and ZIP code TRACIL PHILLIPS  1100 N OTTAWA AVENUE LECANTO, FL 34461		
7 Social security tips 0.00	8 Allocated tips 0.00	
10 Dependent care benefits 0	11 Nonqualified plans 0	12a Code See Inst. for box 12 DD 7876.24
13 Statutory employee	14 Other FSA 1000	12b Code G 16495
Retirement plan X		12c Code 0
Third-party sick pay		12d Code 0
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

2023

Dept. of the Treasury -- IRS

This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty/other sanction may be imposed on you if no income is taxable and you fail to report it.

# Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

38-2099803  
OMB No. 1545-0008

a Employee's soc. sec. no.	1 Wages, tips, other comp. 93162.75	2 Federal income tax withheld 14660.71
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d Control number <b>CREATED BY EMPLOYEE ACCESS CENTER</b>		
e Employee's name, address, and ZIP code TRACIL PHILLIPS  1100 N OTTAWA AVENUE LECANTO, FL 34461		
7 Social security tips 0.00	8 Allocated tips 0.00	
10 Dependent care benefits 0	11 Nonqualified plans 0	12a Code DD 7876.24
13 Statutory employee	14 Other FSA 1000	12b Code G 16495
Retirement plan X		12c Code 0
Third-party sick pay		12d Code 0
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

2023

Dept. of the Treasury -- IRS

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