

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

## General Information

Name: Mr Thomas Arthur O'Neill  
Address: 7306 JASMIN DR, NEW PRT RCHY, FL 34652  
County: Pasco

Organization	Suborganization	Title
N/A		

## CANDIDATE FOR

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board	City of New Port Richey	City Council seat

## Net Worth

My Net Worth as of February 14, 2024 was \$ 1,286,533.56.

## 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 \$ 50,000.00.

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal residence	\$ 350,000.00
2016 Ford F-350 Truck	\$ 30,000.00
1997 Ford F-150 Truck	\$ 2,000.00
2003 Kawasaki Motorcycle	\$ 1,500.00
Home Contents	\$ 50,000.00
2007 Clearwater Boat	\$ 10,000.00
Empower Retirement Fund	\$ 745,331.04
Nationwide Retirement Fund	\$ 27,096.17
FRS Mutual Funds	\$ 40,927.43
2014 Coleman RV	\$ 7,500.00
Bank of America Campaign Acct.	\$ 2,000.00
Bank of America Checking	\$ 7,149.71
Bank of America Savings	\$ 13,182.43

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

<b>Liabilities</b>		
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		

<b>Income</b>			
<p>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 2022 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.</p>			
<input checked="" type="checkbox"/> 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			



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

THOMAS A

Last name

O'NEILL

Your social security number

Spouse's social security number

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.

7306 JASMINE DRIVE

Apt. no.

Presidential Election Campaign

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

NEW PORT RICHEY

State

FL

ZIP code

34652

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/country

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:

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

Table with 5 columns: (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

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.

Main income table with rows 1a-15 and sub-rows a, b for interest, dividends, pensions, and social security benefits.

Attach Sch. B if required.

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>Tax and Credits</b>	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	13,023.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	13,023.
	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	13,023.
	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	13,023.	

<b>Payments</b>	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	19,198.
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	19,198.
	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	
	33	Add lines 25d, 26, and 32. These are your total payments	33	19,198.

<b>Refund</b>	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	6,175.
	35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	6,175.
	b	Routing number [REDACTED] Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number [REDACTED]		
36	Amount of line 34 you want applied to your 2024 estimated tax	36		

<b>Amount You Owe</b>	37	Subtract line 33 from line 24. This is the amount you owe. For details on how to pay, go to <a href="http://www.irs.gov/Payments">www.irs.gov/Payments</a> 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: MARIA HADFIELD Phone no.: (727) 376-5080 Personal identification number (PIN): [REDACTED]

**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.)
[REDACTED]		RETIRED	
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. \_\_\_\_\_ Email address \_\_\_\_\_

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MARIA HADFIELD	MARIA HADFIELD	02/14/2024	P00684532	<input type="checkbox"/> Self-employed
Firm's name	Firm's address		Phone no.	Firm's EIN
MF INCOME TAX SERVICES INC,	4210 LITTLE RD NEW PORT RICHEY FL 34655		(727) 376-5080	59-3617428

Name(s) Shown on Return  
THOMAS A O'NEILL



Social Security Number

Social Security/Railroad Retirement benefits received in 2022

	Taxpayer	Spouse
A Total net benefits from Box 5 of all SSA-1099 forms	28,115.	
B Total Medicare B premiums withheld from all SSA-1099 forms	1,979.	
C Total Medicare C premiums withheld from all SSA-1099 forms		
D Total Medicare D premiums withheld from all SSA-1099 forms	338.	
<p>Note: If self-employed, Medicare premiums are deductible as Self-Employed Health Insurance. If self-employed, enter premiums on the business activity form (Schedule C, F, etc), not on Lines C, D and E above.</p>		
E Total federal tax withheld from Box 6 of all SSA-1099 forms		
F Total net benefits from Box 5 of all RRB-1099 forms		
G Total federal tax withheld from box 10 of all RRB-1099 forms		
H Total Medicare premiums from Box 11 of all RRB-1099 forms		

1 Add amounts from line A and line F above. Also enter this amount on Form 1040, line 6a	1	28,115.
2 Enter one-half of line 1	2	14,058.
3 Add the amounts on Form 1040, lines 1z (before adoption benefits exclusion), 2a, 2b, 3b, 4b, 5b, 7, and 8. Also include certain income of bona fide residents of American Samoa or Puerto Rico.	3	72,324.
4 Enter (as a positive number) the total of any exclusions/adjustments for: • Foreign earned income or housing exclusion	4	
5 Add lines 2, 3, and 4	5	86,382.
6 Amount from Schedule 1, lines 11 through 20, and 23 and 25 (other than foreign housing deduction)	6	
7 Subtract line 6 from line 5.	7	86,382.
8 Enter \$25,000 (\$32,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2023)	8	25,000.
9 Subtract line 8 from line 7. If zero or less, enter -0-	9	61,382.
<p>If line 9 is zero or less, stop here; none of your social security benefits are taxable. Enter -0- on Form 1040, line 6b. If you are married filing separately and you lived apart from your spouse for all of 2023, enter 'D' to the right of the word 'benefits' on line 6a. If line 9 is more than zero, go to line 10.</p>		
10 Enter \$9,000 (\$12,000 if married filing jointly; \$0 if married filing separately and you lived with your spouse at any time in 2023)	10	9,000.
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	52,382.
12 Enter the smaller of line 9 or line 10.	12	9,000.
13 Enter one-half of line 12.	13	4,500.
14 Enter the smaller of line 2 or line 13.	14	4,500.
15 Multiply line 11 by 85% (0.85). If line 11 is zero, enter -0-	15	44,525.
16 Add lines 14 and 15.	16	49,025.
17 Multiply line 1 by 85% (0.85)	17	23,898.
18 Taxable social security benefits. Enter the smaller of line 16 or line 17. If prior year lump-sum benefits were received, go to line 19, otherwise, skip line 19 and enter the amount from line 18 on line 20.	18	23,898.
19 Taxable benefits with lump sum election. Enter the amount from line 20 of the Lump-Sum Social Security Worksheet.	19	
20 Taxable Social Security benefits. Enter the smaller of line 18 or line 19. Also enter this amount on Form 1040, line 6b.	20	23,898.

CORRECTED (if checked)



PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000</b>  844-377-1888			1 Gross distribution <b>\$ 57,337.32</b>	OMB No. 1545-0119  <b>2023</b>  Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount <b>\$ 57,324.00</b>	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
PAYER'S TIN  <b>59-1354377</b>	RECIPIENT'S TIN  		3 Capital gain (included in box 2a)  <b>\$</b>	4 Federal income tax withheld  <b>\$ 16,197.58</b>	<b>Copy B</b>  Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the IRS.
RECIPIENT'S name <b>THOMAS A O'NEILL 7306 JASMIN DR NEW PORT RICHEY FL 34652-1322</b>			5 Employee contributions/ Designated Roth contributions or insurance premiums <b>\$ 13.32</b>	6 Net unrealized appreciation in employer's securities  <b>\$</b>	
			7 Distribution code(s) <b>7</b>	8 Other  <b>\$</b> %	
			9a Your percentage of total distribution %  <b>%</b>	9b Total employee contributions <b>\$ 0.00</b>	
10 Amount allocable to IRR within 5 years  <b>\$</b>	11 1st year of desig. Roth contrib.	12 FATCA filing requirement  <input type="checkbox"/>	14 State tax withheld  <b>\$</b>	15 State/Payer's state no.  <b>\$</b>	16 State distribution  <b>\$</b>
Account number (see instructions)  		13 Date of payment  <b>\$</b>	17 Local tax withheld  <b>\$</b>	18 Name of locality  <b>\$</b>	19 Local distribution  <b>\$</b>

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.  <b>FLORIDA RETIREMENT SYSTEM DIVISION OF RETIREMENT PO BOX 9000 TALLAHASSEE FL 32315-9000</b>  844-377-1888			1 Gross distribution <b>\$ 57,337.32</b>	OMB No. 1545-0119  <b>2023</b>  Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
			2a Taxable amount <b>\$ 57,324.00</b>	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
PAYER'S TIN  <b>59-1354377</b>	RECIPIENT'S TIN  		3 Capital gain (included in box 2a)  <b>\$</b>	4 Federal income tax withheld  <b>\$ 16,197.58</b>	<b>Copy C</b>  For Recipient's Records  This information is being furnished to the IRS.
RECIPIENT'S name <b>THOMAS A O'NEILL 7306 JASMIN DR NEW PORT RICHEY FL 34652-1322</b>			5 Employee contributions/ Designated Roth contributions or insurance premiums <b>\$ 13.32</b>	6 Net unrealized appreciation in employer's securities  <b>\$</b>	
			7 Distribution code(s) <b>7</b>	8 Other  <b>\$</b> %	
			9a Your percentage of total distribution %  <b>%</b>	9b Total employee contributions <b>\$ 0.00</b>	
10 Amount allocable to IRR within 5 years  <b>\$</b>	11 1st year of desig. Roth contrib.	12 FATCA filing requirement  <input type="checkbox"/>	14 State tax withheld  <b>\$</b>	15 State/Payer's state no.  <b>\$</b>	16 State distribution  <b>\$</b>
Account number (see instructions)  		13 Date of payment  <b>\$</b>	17 Local tax withheld  <b>\$</b>	18 Name of locality  <b>\$</b>	19 Local distribution  <b>\$</b>

Form 1099-R

(keep for your records)

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service



CORRECTED (if checked) Date Printed 01/20/2024

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>EMPOWER PLAN SERVICES LLC</b> <b>PO BOX 173764 D999</b> <b>DENVER, CO 80217-3764</b> <b>1-800-701-8255</b>			1 Gross distribution <b>\$15,000.00</b>	OMB No. 1545-0119 <b>2023</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN <b>20-3691708</b>			2a Taxable amount <b>\$15,000.00</b>	Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>THOMAS A ONEILL</b> <b>7306 JASMIN DR</b> <b>NEW PORT RICHEY, FL 34652-1322</b>			2b Taxable amount not determined <input type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a)	4 Federal income tax withheld <b>\$3,000.00</b>	This information is being furnished to the IRS.
5 Employee contributions/Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 7 <input type="checkbox"/> IRA/SEP/SIMPLE <input type="checkbox"/>			8 Other %		This information is being furnished to the IRS.
9a Your percentage of total distribution %			9b Total employee contributions		
10 Amount allocable to RRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>
13 Date of payment			14 State tax withheld		
15 State/Payer's state no. <b>FL</b>			16 State distribution <b>\$15,000.00</b>		17 Local tax withheld
18 Name of locality			19 Local distribution		
Account number (see instructions)			Form 1099-R		

www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked) Date Printed 01/20/2024

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>EMPOWER PLAN SERVICES LLC</b> <b>PO BOX 173764 D999</b> <b>DENVER, CO 80217-3764</b> <b>1-800-701-8255</b>			1 Gross distribution <b>\$15,000.00</b>	OMB No. 1545-0119 <b>2023</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN <b>20-3691708</b>			2a Taxable amount <b>\$15,000.00</b>	Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>THOMAS A ONEILL</b> <b>7306 JASMIN DR</b> <b>NEW PORT RICHEY, FL 34652-1322</b>			2b Taxable amount not determined <input type="checkbox"/>	Copy C For Recipient's Records	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a)	4 Federal income tax withheld <b>\$3,000.00</b>	This information is being furnished to the IRS.
5 Employee contributions/Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 7 <input type="checkbox"/> IRA/SEP/SIMPLE <input type="checkbox"/>			8 Other %		This information is being furnished to the IRS.
9a Your percentage of total distribution %			9b Total employee contributions		
10 Amount allocable to RRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>
13 Date of payment			14 State tax withheld		
15 State/Payer's state no. <b>FL</b>			16 State distribution <b>\$15,000.00</b>		17 Local tax withheld
18 Name of locality			19 Local distribution		
Account number (see instructions)			Form 1099-R (keep for your records)		

www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service

CORRECTED (if checked) Date Printed 01/20/2024

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. <b>EMPOWER PLAN SERVICES LLC</b> <b>PO BOX 173764 D999</b> <b>DENVER, CO 80217-3764</b> <b>1-800-701-8255</b>			1 Gross distribution <b>\$15,000.00</b>	OMB No. 1545-0119 <b>2023</b> Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S TIN <b>20-3691708</b>			2a Taxable amount <b>\$15,000.00</b>	Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code <b>THOMAS A ONEILL</b> <b>7306 JASMIN DR</b> <b>NEW PORT RICHEY, FL 34652-1322</b>			2b Taxable amount not determined <input type="checkbox"/>	Copy 2 File this copy with your state, city, or local income tax return, when required.	
RECIPIENT'S TIN [REDACTED]			3 Capital gain (included in box 2a)	4 Federal income tax withheld <b>\$3,000.00</b>	This information is being furnished to the IRS.
5 Employee contributions/Designated Roth contributions or insurance premiums			6 Net unrealized appreciation in employer's securities		
7 Distribution code(s) 7 <input type="checkbox"/> IRA/SEP/SIMPLE <input type="checkbox"/>			8 Other %		This information is being furnished to the IRS.
9a Your percentage of total distribution %			9b Total employee contributions		
10 Amount allocable to RRR within 5 years			11 1st year of desig. Roth contrib.		12 FATCA filing requirement <input type="checkbox"/>
13 Date of payment			14 State tax withheld		
15 State/Payer's state no. <b>FL</b>			16 State distribution <b>\$15,000.00</b>		17 Local tax withheld
18 Name of locality			19 Local distribution		
Account number (see instructions)			Form 1099-R		

www.irs.gov/Form1099R Department of the Treasury-Internal Revenue Service Page 1 of 2

# FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

## 2023

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.  
 • SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name

THOMAS A ONEILL

Box 2. Beneficiary's Social Security Number

[REDACTED]

Box 3. Benefits Paid in 2023

\$28,114.80

Box 4. Benefits Repaid to SSA in 2023

NONE

Box 5. Net Benefits for 2023 (Box 3 minus Box 4)

\$28,114.80

**DESCRIPTION OF AMOUNT IN BOX 3**

Paid by check or Direct deposit	\$25,797.60
Medicare Part B premiums deducted from your benefits	\$1,978.80
Medicare Prescription Drug premiums (Part D) deducted from your benefits	\$338.40
Total Additions	\$28,114.80
Benefits for 2023	\$28,114.80

**DESCRIPTION OF AMOUNT IN BOX 4**

NONE

Box 6. Voluntary Federal Income Tax Withheld

NONE

Box 7. Address

THOMAS A ONEILL  
 7306 JASMINE DRIVE  
 NEW PORT RICHEY FL 34652-1322

Box 8. Claim Number (Use this number if you need to contact SSA.)

[REDACTED]