

2024 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2025

General Information

Name: Hon Kiyan H Michael

PID 300301

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	

Net Worth

My Net Worth as of December 31, 2024 was \$ 631,648.00.

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 \$ 50,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
11210 Monument Landing Blvd Jax, FL 32225	\$ 290,679.00
1704 University Blvd Jax FL 32209	\$ 64,669.00
1910 W 24th St Jx FL 32209 1/3 interest	\$ 7,634.00
FRS Investment Plan	\$ 7,791.00
Navy Federal Credit Union-Checking	\$ 18,053.00
Navy Federal Credit Union-Savings	\$ 33,521.00
Recreational Vehicles	\$ 66,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Navy Federal	P.O. Box 3000 Merrifield VA 22119-3000	\$ 62,867.99

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 2024 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 2024 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.

Kiyan H Michael

Digitally signed: 06/30/2025

Filed with COE: 06/30/2025

a Employee's social security number XXX-XX-████		Payroll organization code 11-21-21-90-016		Intradepartment number 0000000026	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 28,206.12		2 Federal income tax withheld	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00		4 Social security tax withheld 1,804.01	
		5 Medicare wages and tips 29,097.00		6 Medicare tax withheld 421.91	
		7 Social security tips		10 Dependent care benefits	
d Control number 870 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 9,842.88	
e Employee's first name, mi, and last name KIYAN H MICHAEL 11210 MONUMENT LANDING BLVD. JACKSONVILLE, FL 32225		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
		14 Other 125 600.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number		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 **2024**
Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service

a Employee's social security number XXX-XX-████		Payroll organization code 11-21-21-90-016		Intradepartment number 0000000026	
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Copy C - For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

OMB No. 1545-0008
Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____

See separate instructions.

Your first name and middle initial	Last name	Your social security number
ROBERT	MICHAEL JR	XXX-XX-XXXX
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
KIYAN H	MICHAEL	XXX-XX-XXXX
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
11210 MONUMENT LANDING BLVD		
City, town, or post office. If you have a foreign address, also complete spaces below.		State
JACKSONVILLE		FL
Foreign country name		Foreign province/state/county
		Foreign postal code

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)

☐ Married filing separately (MFS) ☐ 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:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2024, 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, 1960 ☐ Are blind

Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

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

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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)

1a 28,206

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 28,206

2a Tax-exempt interest

2a

b Taxable interest

2b 14

3a Qualified dividends

3a

b Ordinary dividends

3b

4a IRA distributions

4a

b Taxable amount

4b 29,000

5a Pensions and annuities

5a

b Taxable amount

5b 43,467

6a Social security benefits

6a

b 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**

9 100,687

10 Adjustments to income from Schedule 1, line 26

10

11 Subtract line 10 from line 9. This is your **adjusted gross income**

11 100,687

12 Standard deduction or itemized deductions (from Schedule A)

12 29,200

13 Qualified business income deduction from Form 8995 or Form 8995-A

13

14 Add lines 12 and 13

14 29,200

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**

15 71,487

Standard Deduction for-

• Single or Married filing separately, \$14,600

• Married filing jointly or Qualifying surviving spouse, \$29,200

• Head of household, \$21,900

• If you checked any box under Standard Deduction, see instructions.

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.

Attach Sch. B if required.

a Employee's social security number XXX-XX-████		Payroll organization code 11-21-21-90-016		Intradepartment number 0000000026	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 28,206.12		2 Federal income tax withheld	
c Employer's name, address, and ZIP code State of Florida Jimmy Patronis, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3 Social security wages 29,097.00		4 Social security tax withheld 1,804.01	
		5 Medicare wages and tips 29,097.00		6 Medicare tax withheld 421.91	
		7 Social security tips		10 Dependent care benefits	
d Control number 870 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 9,842.88	
e Employee's first name, mi, and last name KIYAN H MICHAEL 11210 MONUMENT LANDING BLVD. JACKSONVILLE, FL 32225		13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐		12b	
		14 Other 125 600.00		12c	
				12d	
				12e	
f Employee's address and ZIP code					
15 State Employer's state ID number		16 State wages, tips, etc.		17 State income tax	
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Department of the Treasury - Internal Revenue Service

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Department of the Treasury - Internal Revenue Service
This information is being furnished to the Internal Revenue Service. If you

For the year Jan. 1-Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____

See separate instructions.

Your first name and middle initial ROBERT		Last name MICHAEL JR	Your social security number XXX-XX-XXXX	
If joint return, spouse's first name and middle initial KIYAN H		Last name MICHAEL	Spouse's social security number XXX-XX-XXXX	
Home address (number and street). If you have a P.O. box, see instructions. 11210 MONUMENT LANDING BLVD			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	
City, town, or post office. If you have a foreign address, also complete spaces below. JACKSONVILLE		State FL		ZIP code 32225
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: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, 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, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

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

Income

1a Total amount from Form(s) W-2, box 1 (see instructions) **1a 28,206**

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 28,206**

2a Tax-exempt interest **2a**

2b Taxable interest **2b 14**

3a Qualified dividends **3a**

3b Ordinary dividends **3b**

4a IRA distributions **4a**

4b Taxable amount **4b 29,000**

5a Pensions and annuities **5a**

5b Taxable amount **5b 43,467**

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** **9 100,687**

10 Adjustments to income from Schedule 1, line 26 **10**

11 Subtract line 10 from line 9. This is your **adjusted gross income** **11 100,687**

12 **Standard deduction or itemized deductions** (from Schedule A) **12 29,200**

13 Qualified business income deduction from Form 8995 or Form 8995-A **13**

14 Add lines 12 and 13 **14 29,200**

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** **15 71,487**

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

Attach Sch. B if required.

Standard Deduction for-

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under Standard Deduction, see instructions.

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