

2025 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/27/2026

General Information

Name: Hon Kiyan H Michael

PID 300301

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net Worth

My Net Worth as of December 31, 2025 was \$ 478,125.74.

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.

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 Jacksonville, FL 32225	\$ 322,747.00
1704 University St. Jacksonville, FL 32209	\$ 71,515.00
1910 W. 24th St. Jacksonville, FL 32209 1/3 interest	\$ 7,619.00
FRS Investment Plan - FRS 2030 date	\$ 15,259.84
Navy Federal Credit Union	\$ 13,207.86
Recreational Vehicle	\$ 66,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Navy Federal Credit Union	P.O. Box 30000 Merrifield, VA 22119-3000	\$ 68,222.96

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 2025 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 2025 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: 05/27/2026

Filed with COE: 05/27/2026

For the year Jan. 1-Dec. 31, 2025, or other tax year beginning 2025, ending 2025, 20 See separate instructions.

☐ Filed pursuant to section 301 9100-2 ☐ Combat zone ☐ Deceased ☐ Spouse ☐ Other

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** Apt. no. ☐ Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

City, town, or post office. If you have a foreign address, also complete spaces below. **JACKSONVILLE** State **FL** ZIP code **32225** 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.
Foreign country name Foreign province/state/county Foreign postal code ☐ You ☐ Spouse

Filing Status ☐ Single ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)
☒ Married filing jointly (even if only one had income) ☐ If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ 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 2025, 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

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents
☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.				

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 Total amount from Form(s) W-2, box 1 (see instructions)	28,206
	b Household employee wages not reported on Form(s) W-2	
	c Tip income not reported on line 1a (see instructions)	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	
	e Taxable dependent care benefits from Form 2441, line 26	
	f Employer-provided adoption benefits from Form 8839, line 31	
	g Wages from Form 8919, line 6	
	h Other earned income (see instructions). Enter type and amount:	
	i Nontaxable combat pay election (see instructions)	1i
	z Add lines 1a through 1h	28,206
Attach Sch. B if required.	2a Tax-exempt interest	
	3a Qualified dividends	
	c Check if your child's dividends are included in ☐ Line 3a ☐ Line 3b	
	4a IRA distributions	67,620
	c Check if (see instructions) ☐ Rollover ☐ QCD ☐	
	5a Pensions and annuities	111,246
	c Check if (see instructions) ☐ Rollover ☐ PSO ☐	
	6a Social security benefits	
	c If you elect to use the lump-sum election method, check here (see instructions) ☐	
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐	
	7a Capital gain or (loss). Attach Schedule D if required	
	b Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)	
	8 Additional income from Schedule 1, line 10	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	140,086
	10 Adjustments to income from Schedule 1, line 26	
	11a Subtract line 10 from line 9. This is your adjusted gross income	140,086

Tax and Credits	11b Amount from line 11a (adjusted gross income)	11b 140,086
	12a Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent ☐	
	b ☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien	
	d You: ☒ Were born before January 2, 1961 ☐ Are blind	
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind	
Standard deduction for-	e Standard deduction or itemized deductions (from Schedule A)	12e 33,100
• Single or Married filing separately \$15,750	13a Qualified business income deduction from Form 8995 or Form 8995-A	13a
• Married filing jointly or Qualifying surviving spouse, \$31,500	b Additional deductions from Schedule 1-A, line 38	13b 6,000
• Head of household, \$23,625	14 Add lines 12e, 13a, and 13b	14 39,100
• If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15 100,986
	16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16 12,045
	17 Amount from Schedule 2, line 3	17
	18 Add lines 16 and 17	18 12,045
	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 12,045
	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 12,045

Payments and Refundable Credits	25 Federal income tax withheld from:	
	a Form(s) W-2	25a
	b Form(s) 1099	25b 9,239
	c Other forms (see instructions)	25c
	d Add lines 25a through 25c	25d 9,239
	26 2025 estimated tax payments and amount applied from 2024 return	26

	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):	
27a Earned income credit (EIC)	27a	
b Clergy filing Schedule SE (see instructions)		☐
c If you do not want to claim the EIC, check here		☐
28 Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	
29 American opportunity credit from Form 8863, line 8	29	
30 Refundable adoption credit from Form 8839, line 13	30	
31 Amount from Schedule 3, line 15	31	
32 Add lines 27a, 28, 29, 30, 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	9,239

Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34 0
	35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a 0
Direct deposit? See instructions.	b Routing number	c Type: ☐ Checking ☐ Savings
	d Account number	
	36 Amount of line 34 you want applied to your 2026 estimated tax	36

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 2,806
	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)

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.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	Spouse's signature, if a joint return, both must sign.	Date	Spouse's occupation
	Phone no.	Email address	

Paid Preparer Use Only	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Dmitriy Krasnov EA	02-26-2026	XXXXXXXXXX	
	Preparer's name	Phone no.		
	Dmitriy Krasnov EA	904-404-1769		
	Firm's name			
	Elite Tax & Accounting LLC			
	Firm's address			
	3917 Southside Blvd			
	Jacksonville, FL 32216			
	Firm's EIN			
	81-4651373			

a Employee's social security number XXX-XX-████		Payroll organization code 11-21-21-90-016		Intradepartment number 0000000038	
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 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 897 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 10,818.37	
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 Employee'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 **2025**
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 0000000038	
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 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 897 01/07		11 Nonqualified plans		12a See instructions for box 12 DD 10,818.37	
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 Employee'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 **2025**
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 are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.