

2022 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/30/2023

General Information

Name: Hon Kiyan H Michael

Address: 421 3RD ST N, JAX BCH, FL 32250

PID 300301

County: Duval

AGENCY INFORMATION

Organization	Suborganization	Title
House Of Representatives	Elected Constitutional Officer	State Representative

Net Worth

My Net Worth as of December 31, 2022 was \$ 353,398.28.

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 \$ 74,885.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
11210 Monument Landing Blvd Jacksonville, FL 32225	\$ 215,180.00
1704 University St Jacksonville, FL 32209	\$ 53,629.00
1910 W. 24th St Jacksonville, FL 32209	\$ 5,023.00
1996 Country Couch RV	\$ 60,000.00
Navy Federal Credit Union Banking	\$ 15,510.38

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
Navy Federal Credit Union	P.O. Box 3000 Merrifield Va 221191	\$ 72,226.27

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.

☒ I elect to file a copy of my 2022 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):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

☐ 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: 06/30/2023

Filed with COE: 06/30/2023

Form **1040** Department of the Treasury—Internal Revenue Service **2022** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ 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:

Your first name and middle initial ROBERT		Last name MICHAEL JR		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial KIYAN		Last name MICHAEL		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 11210 MONUMENT LANDING BLVD				Apt. no.	
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	
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					

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. 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

Income		1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 4,160
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.	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	4,160
	Attach Sch. B if required.	2a Tax-exempt interest	2a
3a Qualified dividends		3a	
4a IRA distributions		4a	
5a Pensions and annuities		5a	
6a Soc. sec. ben.		6a	
b Taxable interest		2b	
b Ordinary dividends		3b	
b Taxable amount		4b	49,000
b Taxable amount		5b	25,382
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 Other income from Schedule 1, line 10	8	0	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	78,542	
10 Adjustments to income from Schedule 1, line 26	10	0	
11 Subtract line 10 from line 9. This is your adjusted gross income	11	78,542	
12 Standard deduction or itemized deductions (from Schedule A)	12	25,900	
13 Qualified business income deduction from Form 8995 or Form 8995-A	13		
14 Add lines 12 and 13	14	25,900	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	52,642	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2022)

Form **1040** Department of the Treasury—Internal Revenue Service **2022** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ 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:

Your first name and middle initial ROBERT		Last name MICHAEL JR		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial KIYAN		Last name MICHAEL		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 11210 MONUMENT LANDING BLVD				Apt. no.	
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	
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					

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. 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

Income		1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	4,160
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		b	Household employee wages not reported on Form(s) W-2	1b	
If you did not get a Form W-2, see instructions.		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	4,160
Attach Sch. B if required.		2a	Tax-exempt interest	2a	
		3a	Qualified dividends	3a	
		4a	IRA distributions	4a	
		5a	Pensions and annuities	5a	
		6a	Soc. sec. ben.	6a	
		b	Taxable interest	2b	
		b	Ordinary dividends	3b	
		b	Taxable amount	4b	49,000
		b	Taxable amount	5b	25,382
		b	Taxable amount	6b	
Standard Deduction for -		c	If you elect to use the lump-sum election method, check here (see instructions)		
• Single or Married filing separately, \$12,900		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
• Married filing jointly or Qualifying surviving spouse, \$25,900		8	Other income from Schedule 1, line 10	8	0
• Head of household, \$19,400		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	78,542
• If you checked any box under Standard Deduction, see instructions.		10	Adjustments to income from Schedule 1, line 26	10	0
		11	Subtract line 10 from line 9. This is your adjusted gross income	11	78,542
		12	Standard deduction or itemized deductions (from Schedule A)	12	25,900
		13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
		14	Add lines 12 and 13	14	25,900
		15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	52,642

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Form 1040 (2022)

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Filing Status ☐ Single ☒ Married filing jointly ☐ 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:

Your first name and middle initial ROBERT		Last name MICHAEL JR		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial KIYAN		Last name MICHAEL		Spouse's social security number [REDACTED]	
Home address (number and street). If you have a P.O. box, see instructions. 11210 MONUMENT LANDING BLVD				Apt. no.	
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	
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					

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. 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

Income		1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	4,160
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.		b	Household employee wages not reported on Form(s) W-2	1b	
If you did not get a Form W-2, see instructions.		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	4,160
Attach Sch. B if required.		2a	Tax-exempt interest	2a	
		3a	Qualified dividends	3a	
		4a	IRA distributions	4a	
		5a	Pensions and annuities	5a	
		6a	Soc. sec. ben.	6a	
		b	Taxable interest	2b	
		b	Ordinary dividends	3b	
		b	Taxable amount	4b	49,000
		b	Taxable amount	5b	25,382
		b	Taxable amount	6b	
Standard Deduction for -		c	If you elect to use the lump-sum election method, check here (see instructions)		
• Single or Married filing separately, \$12,900		7	Capital gain or (loss). Attach Schedule D if required. If not required, check here	7	
• Married filing jointly or Qualifying surviving spouse, \$25,900		8	Other income from Schedule 1, line 10	8	0
• Head of household, \$19,400		9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	78,542
• If you checked any box under Standard Deduction, see instructions.		10	Adjustments to income from Schedule 1, line 26	10	0
		11	Subtract line 10 from line 9. This is your adjusted gross income	11	78,542
		12	Standard deduction or itemized deductions (from Schedule A)	12	25,900
		13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
		14	Add lines 12 and 13	14	25,900
		15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	52,642

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Form 1040 (2022)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972	16	5,904
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,904
	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	5,904
	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	5,904	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	24
	b	Form(s) 1099	25b	7,218
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	7,242
	26	2022 estimated tax payments and amount applied from 2021 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	7,242	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,338
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,338
	b	Routing number XXXXXXXXXX	c	Type: ☐ Checking ☐ Savings
	d	Account number XXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2023 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	
	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 HAROLD BACHNER	Phone no. 904-234-XXXX	Personal identification number (PIN) XXXXXX

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 instr.)
			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 instr.)
		RETIRED		
Phone no.		Email address		

Paid Preparer Use Only	Preparer's name HAROLD BACHNER	Preparer's signature HAROLD BACHNER	Date 05/01/23	PTIN XXXXXX	Check if: ☐ Self-employed
	Firm's name ROY MILLER AND ASSOCIATES, CPAS	Phone no. 904-234-XXXX			
	Firm's address 8834 GOODBYS EXECUTIVE DR STE F JACKSONVILLE FL 32217	Firm's EIN 59-3077486			

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2022)

SCHEDULE E

Form 1040

Department of the Treasury
Internal Revenue Service

(s) shown on return

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

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

OMB No. 1545-0074

2022Attachment
Sequence No.**13**

Your social security number

BERT MICHAEL JR & KIYAN MICHAEL**Part I Income or Loss From Rental Real Estate and Royalties**

Note: If you are in the business of renting personal property, use Schedule C. See instructions. If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions

Yes ☒ No

If "Yes," did you or will you file required Form(s) 1099?

Yes ☐ No

Physical address of each property (street, city, state, ZIP code)

1704 UNIVERSITY ST., JACKSONVILLE, FL 32209

Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
1		A 365		
		B		
		C		

Use of Property:

Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

	Properties:		
	A	B	C
3 Rents received			
4 Royalties received			
5 Expenses:			
Advertising			
Auto and travel (see instructions)			
Cleaning and maintenance			
Commissions			
Insurance			
Legal and other professional fees			
Management fees			
Mortgage interest paid to banks, etc. (see instructions)			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depreciation expense or depletion			
Other (list)			
Total expenses. Add lines 5 through 19			
Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must use Form 6198			
21 Deductible rental real estate loss after limitation, if any, use Form 8582 (see instructions)			
22 Total of all amounts reported on line 3 for all rental properties	23a		
Total of all amounts reported on line 4 for all royalty properties	23b		
Total of all amounts reported on line 12 for all properties	23c		
Total of all amounts reported on line 18 for all properties	23d		
Total of all amounts reported on line 20 for all properties	23e		
24 Income. Add positive amounts shown on line 21. Do not include any losses		24	0
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here		25	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result		26	
26 If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2			
26 Raperwork Reduction Act Notice, see the separate instructions.			

Form **1040****Pension/Annuity Report****2022**

Name

Taxpayer Identification Number

ROBERT MICHAEL JR & KIYAN MICHAEL

T/S	Payer	Box 7 Code	Gross Distribution	Rollover	Taxable Amount
A T	DEFENSE FINANCE ACCOUNTING SERVICE	7	25,382	-	25,382
B T	BREWERY CONFERENCE/ANHEUSER BUSCH	7		-	
C -		-		-	
D -		-		-	
E -		-		-	
F -		-		-	
G -		-		-	
H -		-		-	
I -		-		-	
J -		-		-	
K -		-		-	
L -		-		-	
M -		-		-	
N -		-		-	
O -		-		-	
			25,382	-	25,382
	Taxpayer		25,382		25,382
	Spouse				
	Total		25,382		25,382

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	-			2,318		
B	-					
C	-					
D	-					
E	-					
F	-					
G	-					
H	-					
I	-					
J	-					
K	-					
L	-					
M	-					
N	-					
O	-					
				2,318		
	Taxpayer			2,318		
	Spouse					
	Total			2,318		

Control Number		☐ CORRECTED (if checked)		12/12/2022	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution	OMB No. 1545-0119 2022 Form 1099-R		
		\$25382.00			
		2a Taxable amount			
		\$25382.00			
PAYER'S TIN	RECIPIENT'S TIN	2b ☐ Taxable amount not determined ☐ Total Distribution			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL JR 11210 MONUMENT LANDING BLVD JACKSONVILLE FL 32225-5547		4 Federal income tax withheld	7 Distribution code		
		\$2317.68	7		
		9 Your percentage of total distribution			%
		14 State tax withheld	15 State/Payer's state no.		
		\$0.00			
		12 FATCA Filing Requirement	Retired 01012022-12312022		
		☐			

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

Control Number		☐ CORRECTED (if checked)		12/12/2022	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution	OMB No. 1545-0119 2022 Form 1099-R		
		\$25382.00			
		2a Taxable amount			
		\$25382.00			
PAYER'S TIN	RECIPIENT'S TIN	2b ☐ Taxable amount not determined ☐ Total Distribution			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL JR 11210 MONUMENT LANDING BLVD JACKSONVILLE FL 32225-5547		4 Federal income tax withheld	7 Distribution code		
		\$2317.68	7		
		9 Your percentage of total distribution			%
		14 State tax withheld	15 State/Payer's state no.		
		\$0.00			
		12 FATCA Filing Requirement	Retired 01012022-12312022		
		☐			

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

Control Number		☐ CORRECTED (if checked)		12/12/2022	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution	OMB No. 1545-0119 2022 Form 1099-R		
		\$25382.00			
		2a Taxable amount			
		\$25382.00			
PAYER'S TIN	RECIPIENT'S TIN	2b ☐ Taxable amount not determined ☐ Total Distribution			
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL JR 11210 MONUMENT LANDING BLVD JACKSONVILLE FL 32225-5547		4 Federal income tax withheld	7 Distribution code		
		\$2317.68	7		
		9 Your percentage of total distribution			%
		14 State tax withheld	15 State/Payer's state no.		
		\$0.00			
		12 FATCA Filing Requirement	Retired 01012022-12312022		
		☐			

Form 1099-R (8-99) Department of the Treasury - Internal Revenue Service

a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-016		Intradepartment number [REDACTED] 0000000002	
b Employer identification number [REDACTED]		1 Wages, tips, other compensation 4,160.08		2 Federal income tax withheld 24.22	
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 4,288.74		4 Social security tax withheld 265.90	
		5 Medicare wages and tips 4,288.74		6 Medicare tax withheld 62.19	
		7 Social security tips		10 Dependent care benefits	
d Control number 879 01/06		11 Nonqualified plans		12a See instructions for box 12	
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		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

OMB No. 1545-0008

Form **W-2** WAGE AND TAX STATEMENT **2022**

Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return
This information is being furnished to the Internal Revenue Service.

a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-016		Intradepartment number [REDACTED] 0000000002	
b Employer identification number [REDACTED]		1 Wages, tips, other compensation 4,160.08		2 Federal income tax withheld 24.22	
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 4,288.74		4 Social security tax withheld 265.90	
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d Control number 879 01/06		11 Nonqualified plans		12a See instructions for box 12	
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		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

OMB No. 1545-0008

Form **W-2** WAGE AND TAX STATEMENT **2022**

Department of the Treasury - Internal Revenue Service

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

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.

Control Number		☐ CORRECTED (if checked)		12/12/20	
PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code and telephone no. Defense Finance and Accounting Service U.S. Military Retired Pay 8899 E 56th Street Indianapolis IN 46249-1200		1 Gross distribution \$25382.00	OMB No. 1545-0119 2022 Form 1099-R		Distributions From Pensions, Annuities, Retirement Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy File this copy with your state, city, Local income tax return when required
PAYER'S TIN 34-0727612		2a Taxable amount \$25382.00	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL JR 11210 MONUMENT LANDING BLVD JACKSONVILLE FL 32225-5547		4 Federal income tax withheld \$2317.68		7 Distribution code 7	
RECIPIENT'S TIN *****		9 Your percentage of total distribution %			
		14 State tax withheld \$0.00	15 State/Payer's state no.		
		\$0.00			
		12 FATCA Filing Requirement ☐		Retired 01012022-12312022	

Form 1099-R

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Department of the Treasury - Internal Revenue Service

Control Number		☐ CORRECTED (if checked)		12/12/20	
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PAYER'S TIN 34-0727612		2a Taxable amount \$25382.00	2b ☐ Taxable amount not determined ☐ Total Distribution		
RECIPIENT'S name, street address, city or town, state or province, country, and ZIP or foreign postal code ROBERT MICHAEL JR 11210 MONUMENT LANDING BLVD JACKSONVILLE FL 32225-5547		4 Federal income tax withheld \$2317.68		7 Distribution code 7	
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Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service

Control Number		☐ CORRECTED (if checked)		12/12/20	
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Form 1099-R

(8-99)

Department of the Treasury - Internal Revenue Service