

2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/05/2024

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, 2023 was \$ 471,864.47.

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 \$ 538,608.74.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
11210 Monument Landing Blvd. Jacksonville, FL 32225	\$ 302,977.00
1704 University St. Jacksonville, Florida 32209	\$ 62,539.00
1910 W. 24th Street Jacksonville, FL 32209 1/3 interest	\$ 7,619.00
FRS Investment Plan - Retirement 2030	\$ 4,312.17
Navy Federal Credit Union - Checking Acct	\$ 13,305.92
Navy Federal Credit Union - Savings Acct	\$ 2,982.05
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 3000 Merrifield, VA 22119-3000	\$ 66,744.27

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. 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

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: 06/05/2024

Filed with COE: 06/05/2024

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, 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				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

Filing Status ☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
Check only one box. ☐ 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):

(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
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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		
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.	2a Tax-exempt interest	2a		b Taxable interest	2b	11	
	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	42,606	
	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				99,823
	10 Adjustments to income from Schedule 1, line 26		10				
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.	11 Subtract line 10 from line 9. This is your adjusted gross income	11				99,823	
	12 Standard deduction or itemized deductions (from Schedule A)	12				27,700	
	13 Qualified business income deduction from Form 8995 or Form 8995-A	13					
	14 Add lines 12 and 13	14				27,700	
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15				72,123	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ . . .	16	8,215
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	8,215
	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	8,215
	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	8,215	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	51
	b	Form(s) 1099	25b	5,344
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	5,395
	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	0	
33	Add lines 25d, 26, and 32. These are your total payments	33	5,395	

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
	b	Routing number	c Type: ☐ Checking ☐ Savings	
	d	Account number		
36	Amount of line 34 you want applied to your 2024 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	2,923
	38	Estimated tax penalty (see instructions)	38	103

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.			
	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, 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 signature	Date	PTIN	Check if: ☐ Self-employed
	Dmitriy Krasnov EA	05-31-2024	XXXXXXXXXX	
	Preparer's name	Firm's name		Firm's address
	Dmitriy Krasnov EA	Elite Tax & Accounting LLC		3917 Southside Blvd Jacksonville, FL 32216
Firm's EIN			81-4651373	

a Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-016		Intradepartment number 0000000014	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 28,206.12		2 Federal income tax withheld 51.42	
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 000904 01/05		11 Nonqualified plans		12a See instructions for box 12 DD 9,761.52	
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 2023

OMB No. 1545-0008

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 0000000014	
b Employer identification number (EIN) 59-6001874		1 Wages, tips, other compensation 28,206.12		2 Federal income tax withheld 51.42	
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 000904 01/05		11 Nonqualified plans		12a See instructions for box 12 DD 9,761.52	
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 2023

OMB No. 1545-0008

Department of the Treasury - Internal Revenue Service

Copy C - For EMPLOYEE'S RECORDS
AA327W Rev. 06/09/2023

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.

IRS e-file Signature Authorization

OMB No. 1545-0074
2023

- ▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name ROBERT MICHAEL JR	Social security number XXX-XX-XXXX
Spouse's name KIYAN H MICHAEL	Spouse's social security number XXX-XX-XXXX

Part I Tax Return Information - Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	99,823
2	Total tax	2	8,215
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	5,395
4	Amount you want refunded to you	4	
5	Amount you owe	5	2,923

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize Elite Tax & Accounting LLC to enter or generate my PIN as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- ☒ I authorize Elite Tax & Accounting LLC to enter or generate my PIN as my
ERO firm name
signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only - continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. XXXXXX-XXXXXX
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ Dmitriy Krasnov EA Date ▶ 05-31-2024

ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.

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

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment
Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR

Your social security number

ROBERT & KIYAN H MICHAEL JR

XXX-XX-XXXX

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	50	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	99,823	
	3	Multiply line 2 by 7.5% (0.075)	3	7,487	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	0	
Taxes You Paid	5	State and local taxes.			
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box ☒	5a	1,460	
	b	State and local real estate taxes (see instructions)	5b	2,002	
	c	State and local personal property taxes	5c		
	d	Add lines 5a through 5c	5d	3,462	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	3,462	
	6	Other taxes. List type and amount:	6		
	7	Add lines 5e and 6	7	3,462	
Interest You Paid Caution: Your mortgage interest deduction may be limited. See instructions.	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box ☐			
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a	2,689	
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b		
	c	Points not reported to you on Form 1098. See instructions for special rules	8c		
	d	Reserved for future use	8d		
	e	Add lines 8a through 8c	8e	2,689	
	9	Investment interest. Attach Form 4952 if required. See instructions	9		
	10	Add lines 8e and 9	10	2,689	
	Gifts to Charity Caution: If you made a gift and got a benefit for it, see instructions.	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11	
		12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	12	
13		Carryover from prior year	13		
14		Add lines 11 through 13	14		
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions	15		
	16	Other - from list in instructions. List type and amount:	16		
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12	17	6,151	
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐			

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023