

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.

RECEIVED
DEPARTMENT OF STATE
2026 JUN 25 AM 11:12
DIVISION OF ELECTIONS
TALLAHASSEE, FL

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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

1040 U.S. Individual Income Tax Return 2025

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

Filed pursuant to section 301.5103-2. Combat zone Deceased Spouse

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
KRYAN 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 ZIP code
JACKSONVILLE FL 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) Qualifying surviving spouse (QSS)
Married filing separately (MFS). Enter spouse's SSN above and full name here: 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 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	1a Total amount from Form(s) W-2, box 1 (see instructions)	1b 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.	1c Household employee wages not reported on Form(s) W-2	1c
	1d Tip income not reported on line 1a (see instructions)	1d
	1e Medical waiver payments not reported on Form(s) W-2 (see instructions)	1e
	1f Taxable dependent care benefits from Form 2441, line 26	1f
	1g Employer-provided adoption benefits from Form 8839, line 31	1g
	1h Wages from Form 8819, line 5	1h
	1i Other earned income (see instructions). Enter type and amount:	1i
	1j Nontaxable combat pay election (see instructions)	1j
	2 Add lines 1a through 1h	2 28,206
Attach Sch. B if required.	2a Tax-exempt interest	2a
	2b Qualified dividends	2b
	2c Check if your child's dividends are included in 1 Line 3a 2 Line 3b	2c
	2d IRA distributions	2d 67,620
	2e Check if (see instructions) 1 Rollover 2 QCD 3	2e
	2f Pensions and annuities	2f 111,266
	2g Check if (see instructions) 1 Rollover 2 PSO 3	2g
	2h Social security benefits	2h
	2i If you elect to use the lump-sum election method, check here (see instructions)	2i
	2j If you are married filing separately and lived apart from your spouse the entire year (see last), check here	2j
	7a Capital gain or (loss). Attach Schedule D if required	7a
	7b Check if: Schedule D not required Includes child's capital gain or (loss)	7b
	8 Additional income from Schedule 1, line 10	8
	9 Add lines 12, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9 140,086
	10 Adjustments to income from Schedule 1, line 20	10
	11a Subtract line 10 from line 9. This is your adjusted gross income	11a 140,086

Tax and Credits	11a 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:
 • Single or married filing separately: \$15,750
 • Married filing jointly or qualifying widow(er): \$31,500
 • Head of household: \$22,625
 • If you elected not to itemize, see instructions

12b Standard deduction or itemized deductions (from Schedule A)	12c 39,100
13a Qualified business income deduction from Form 8895 or Form 8895-A	13b 6,000
14 Add lines 12b, 13a, and 13b	14 39,100
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): ☐ 9834 ☐ 4872 ☐ 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 8853, 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
Direct deposit? See instructions.	35a Amount of line 34 you want refunded to you. If Form 8878 is attached, check here	35a 0
	b Routing number ☐ Checking ☐ Savings	
d Account number		
36 Amount of line 34 you want applied to your 2025 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.		
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instructions)
DAVID KRASNOV	02-26-2026	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 instructions)
DAVID KRASNOV	02-26-2026	STATE REPRESENTATIVE	
Phone no.	Email address		

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

a. Employee's social security number XXX-XX-XXXX		Payroll organization code XXXXXX		Intradepartment number 0000000038	
b. Employer identification number (EIN) XXXX-XX-XXXX		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 KRYAN 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. 1545-0048
 Department of the Treasury - Internal Revenue Service

a. Employee's social security number XXX-XX-XXXX		Payroll organization code XXXXXX		Intradepartment number 0000000038	
b. Employer identification number (EIN) XXXX-XX-XXXX		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 KRYAN 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)
 AAS22 (REV. 03/10/2025)

OMB No. 1545-0048
 Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this return is found to be false and you fail to report it.