

HAND DELIVERED

FORM 6		FULL AND PUBLIC DISCLOSURE		2015										
Please print or type your name, mailing address, agency name, and position below:		OF FINANCIAL INTERESTS		FOR OFFICE USE ONLY:										
LAST NAME — FIRST NAME — MIDDLE NAME: Artiles - Frank - Anthony - State Rep. 118		<div style="display: flex; flex-direction: column; align-items: center;"> <div style="font-size: 1.2em; font-weight: bold;">PROCESSED</div> <div style="font-size: 1.2em; font-weight: bold;">234989</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;"> RECEIVED DEPARTMENT OF STATE DIVISION OF ELECTIONS TALLAHASSEE, FL 2015 JUN 20 PM 8:21 KRB </div> </div>												
MAILING ADDRESS: PO Box 570726														
CITY: ZIP: COUNTY: Miami 33257-0726 Miami-Dade														
NAME OF AGENCY: House of Representatives														
NAME OF OFFICE OR POSITION HELD OR SOUGHT: Elected Constitutional Officer State Representative														
CHECK IF THIS IS A FILING BY A CANDIDATE <input checked="" type="checkbox"/>														
PART A -- NET WORTH														
Please enter the value of your net worth as of December 31, 2015 or a more current date. [Note: Net worth is not calculated by subtracting your <i>reported</i> liabilities from your <i>reported</i> assets, so please see the instructions on page 3.]														
My net worth as of December 31, 2015 was \$ 426,316.29														
PART B -- ASSETS														
HOUSEHOLD GOODS AND PERSONAL EFFECTS: 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 effects (described above) is \$ 185,000														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 5px;">ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)</th> <th style="text-align: right; padding: 5px;">VALUE OF ASSET</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Single Residence, Southwood 5th ADDN PB 8141 Lot 4 BLK 23, 8392 SW 165 Terr. Palmetto Bay, FL 33157</td> <td style="text-align: right; padding: 5px;">\$540,000</td> </tr> <tr> <td style="padding: 5px;">Bus. Motor Vehicle Lease, '14 GMC Arcadia (GM Financial, PO 398045, Minneapolis, MN 55439)</td> <td style="text-align: right; padding: 5px;">\$21,000</td> </tr> <tr> <td style="padding: 5px;">Bank Accounts - CD's - BB&T, PO Box 200, Wilson, NC 27894</td> <td style="text-align: right; padding: 5px;">\$12,000</td> </tr> <tr> <td style="padding: 5px;">Bank Accounts, Checking - BB&T, PO Box 200, Wilson, NC 27894</td> <td style="text-align: right; padding: 5px;">\$18,000</td> </tr> </tbody> </table>					ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET	Single Residence, Southwood 5th ADDN PB 8141 Lot 4 BLK 23, 8392 SW 165 Terr. Palmetto Bay, FL 33157	\$540,000	Bus. Motor Vehicle Lease, '14 GMC Arcadia (GM Financial, PO 398045, Minneapolis, MN 55439)	\$21,000	Bank Accounts - CD's - BB&T, PO Box 200, Wilson, NC 27894	\$12,000	Bank Accounts, Checking - BB&T, PO Box 200, Wilson, NC 27894	\$18,000
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PART C -- LIABILITIES														
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):														
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PART D -- 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 2015 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 2015 federal income tax return and all W2's, schedules, and attachments.

(If you check this box and attach a copy of your 2015 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME (Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5):

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES (Instructions on page 6)

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.



I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me this 17 day of

June

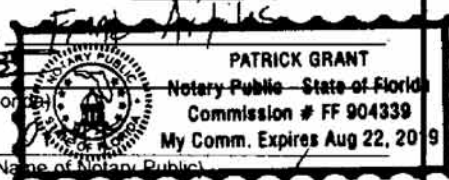
20 16 by Patrick Grant

(Signature of Notary Public—State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification ☒

Type of Identification Produced FL DRIVER'S LICENSE



SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☒

HAND DELIVERED

Continued Form 6 for Frank Artiles

Part B: Assets

Bank Accounts, Savings BB&T, PO Box 200, Wilson, NC 27894	\$32,000
ICMA – RC (1/2 Interest) Mutual Funds 777 North Capital St. NE Washington, DC 20002-4250	\$10,600
Business Motor Vehicle 2005 Ford Excursion	\$28,000

Part C: Liabilities

Vessel Installment Loan MT&T Bank, PO Box 62082 Baltimore, MA 21264	\$53,000
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RECEIVED
DEPARTMENT OF STATE
DIVISION OF ELECTIONS
TALLAHASSEE, FL
2016 JUN 20 PM 6:21
KRB

For the year Jan 1-Dec 31, 2015, or other tax year beginning 2015, ending 20 See separate instructions.

Your first name and initial **FRANK A** Last name **ARTILES** Your social security number [REDACTED]

If a joint return, spouse's first name and initial **AIMEE N** Last name **ARTILES** Spouse's social security number [REDACTED]

Home address (number and street) **9690 SW 119 Court** Apt. no. [REDACTED]

City, town or post office, state, and ZIP code if you have a foreign address, also complete spaces below (see instructions) **Miami FL 33186**

Foreign country name Foreign province/state/country Foreign postal code

Make sure the SSN(s) above and on line 6c are correct.

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

1 ☐ Single

2 ☒ Married filing jointly (even if only one had income)

3 ☐ Married filing separately. Enter spouse's SSN above and full name here

4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

b ☒ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)
ISABELLA	ARTILES	[REDACTED]	Daughter	<input checked="" type="checkbox"/>
GIAVANNA	ARTILES	[REDACTED]	Daughter	<input checked="" type="checkbox"/>

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

Boxes checked on 6a and 6b No. of children on 6c who: ☒ lived with you ☒ did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above Add numbers on line above **4**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **58,646**

8a Taxable interest. Attach Schedule B if required

b Tax-exempt interest. Do not include on line 8a **8b**

9a Ordinary dividends. Attach Schedule B if required **51**

b Qualified dividends **9b**

10 Taxable refunds, credits, or offsets of state and local income taxes

11 Alimony received

12 Business income or (loss). Attach Schedule C or C-EZ **95**

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☒ **638**

14 Other gains or (losses). Attach Form 4797

15a IRA distributions **15a** b Taxable amount **15b**

16a Pensions and annuities **16a** b Taxable amount **16b**

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **29,005**

18 Farm income or (loss). Attach Schedule F

19 Unemployment compensation

20a Social security benefits **20a** b Taxable amount **20b**

21 Other income

22 Combine the amounts in the far right column for lines 7 through 21. This is your **total income** **88,435**

Adjusted Gross Income

23 Educator expenses **23**

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ **24**

25 Health savings account deduction. Attach Form 8889 **25**

26 Moving expenses. Attach Form 3903 **26**

27 Deductible part of self-employment tax. Attach Schedule SE **27**

28 Self-employed SEP, SIMPLE, and qualified plans **28**

29 Self-employed health insurance deduction **29**

30 Penalty on early withdrawal of savings **30**

31a Alimony paid b Recipient's SSN **31a**

32 IRA deduction **32**

33 Student loan interest deduction **33** **2,500**

34 Tuition and fees. Attach Form 8917 **34**

35 Domestic production activities deduction. Attach Form 8903 **35**

36 Add lines 23 through 35 **2,500**

37 Subtract line 36 from line 22. This is your **adjusted gross income** **85,935**

Tax and Credits

Standard Deduction for -

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,250

Other Taxes

Payments

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions.

Amount You Owe

Third Party Designee

Sign Here

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

38	Amount from line 37 (adjusted gross income)	38	85,935
39a	Check <input type="checkbox"/> You were born before January 2, 1951, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes <input type="checkbox"/> if: <input type="checkbox"/> Spouse was born before January 2, 1951, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> checked <input type="checkbox"/> 39b <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,600
41	Subtract line 40 from line 38	41	73,335
42	Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see instructions	42	16,000
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	57,335
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	7,571
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	7,571
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	2,000
53	Residential energy credit. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	2,000
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	5,571
57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63	5,571
64	Federal income tax withheld from Forms W-2 and 1099	64	5,165
65	2015 estimated tax payments and amount applied from 2014 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election	66b	
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	700
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	5,865
75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	294
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	294
b	Routing number	c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
77	Amount of line 75 you want applied to your 2016 estimated tax	77	
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79	Estimated tax penalty (see instructions)	79	
Do you want to allow another person to discuss this return with the IRS (see instructions)? <input checked="" type="checkbox"/> Yes. Complete below. <input type="checkbox"/> No			
Designee's name DENNIS J CHIN CPA		Phone no. 305-255-1040	Personal identification number (PIN) [REDACTED]
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 [REDACTED]		Date 06-15-2016	Your occupation CONSULTANT
Spouse's signature If a joint return, both must sign. [REDACTED]		Date 06-15-2016	Spouse's occupation ATTORNEY
Preparer's signature DENNIS J CHIN CPA		Date 06-16-2016	Check <input checked="" type="checkbox"/> if self-employed PTIN [REDACTED]
Print/Type preparer's name DENNIS J CHIN CPA			
Firm's name DENNIS J CHIN CPA		Firm's EIN [REDACTED]	
Firm's address 13501 SW 128TH ST STE 109			

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
 ► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. 09

Name of proprietor

FRANK A ARTILES

Social security number (SSN)

B Enter code from instructions

524290

A Principal business or profession, including product or service (see instructions)

INSURANCE ADJUSTER

C Business name. If no separate business name, leave blank.

ATLAS CONSULTANTS

E Business address (including suite or room no.) ► 9690 SW 119 Court

City, town or post office, state, and ZIP code Miami FL 33186

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses

X Yes ☐ No

H If you started or acquired this business during 2015, check here

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)

Yes ☒ No

J If "Yes," did you or will you file required Forms 1099?

Yes ☐ No**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	78,604
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	78,604
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	78,604
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	78,604

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	2,300	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	73,440	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depreciation	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	869
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	1,000	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	900
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	95				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.		
				32b	<input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate Instructions.

Schedule C (Form 1040) 2015

Name(s) **FRANK A ARTILES** SSN XXXXXXXXXX

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year)	10-15-2009
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:	
	a Business <u>4,000</u> b Commuting (see instructions) c Other	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Dues and Subscriptions	900
48 Total other expenses. Enter here and on line 27a	900

(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

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

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

2015

Attachment
Sequence No. 13

Name(s) shown on return

Your social security number

FRANK A & AIMEE N ARTILES

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 or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.**A** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions)☐ Yes ☒ No**B** If "Yes," did you or will you file required Forms 1099?☐ Yes ☐ No**1a** Physical address of each property (street, city, state, ZIP code)**A** B392 SW 165TH TERR. Miami FL 33157**B****C****1b** 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
DaysPersonal Use
Days

QJV

A 1**A** 365

0

☐**B****B**☐**C****C**☐**Type of Property:**

1 Single Family Residence

3 Vacation/Short-Term Rental

5 Land

7 Self-Rental

2 Multi-Family Residence

4 Commercial

6 Royalties

8 Other (describe)

Income:**Properties:****A****B****C****3** Rents received**3**

37,800

4 Royalties received**4****Expenses:****5** Advertising**5****6** Auto and travel (see instructions)**6****7** Cleaning and maintenance**7**

3,700

8 Commissions**8**

3,300

9 Insurance**9**

6,794

10 Legal and other professional fees**10****11** Management fees**11****12** Mortgage interest paid to banks, etc. (see instructions)**12**

8,718

13 Other interest**13****14** Repairs**14**

3,700

15 Supplies**15****16** Taxes**16**

7,044

17 Utilities**17****18** Depreciation expense or depletion**18**

10,181

19 Other (list) ▶**19****20** Total expenses. Add lines 5 through 19**20**

43,437

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198**21**

(5,637)

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)**22**

(5,637)

23a Total of all amounts reported on line 3 for all rental properties**23a**

37,800

b Total of all amounts reported on line 4 for all royalty properties**23b****c** Total of all amounts reported on line 12 for all properties**23c**

8,718

d Total of all amounts reported on line 18 for all properties**23d**

10,181

e Total of all amounts reported on line 20 for all properties**23e**

43,437

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**

(5,637)

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here.

If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line

17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

26

(5,637)

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

FRANK A & AIMEE N ARTILES**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership, S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
	AARTILES 2 SOLUTIONS LLC	P	<input type="checkbox"/>		<input type="checkbox"/>
	BARTILES 2 SOLUTIONS LLC	P	<input type="checkbox"/>		<input type="checkbox"/>
	C		<input type="checkbox"/>		<input type="checkbox"/>
	D		<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				27,714
B				6,928
C				
D				
29a Totals				34,642
b Totals				
30 Add columns (g) and (j) of line 29a			30	34,642
31 Add columns (f), (h), and (i) of line 29b			31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	34,642

Part III Income or Loss From Estates and Trusts

33	(a) Name		(b) Employer identification number	
A				
B				
Passive Income and Loss			Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a	Totals			
b	Totals			
35	Add columns (d) and (f) of line 34a			35
36	Add columns (c) and (e) of line 34b			36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39 Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39	

Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	29,005
42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

(Including Information on Listed Property)

▶ Attach to your tax return.

Department of the Treasury
Internal Revenue Service (99)▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

2015

Attachment
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FRANK A & AIMEE N ARTILES

RENTAL HOUSE

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	10,181
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	10,181
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

a. Employee's social security number [REDACTED]		Payroll organization code 11-21-21-90-118		Trade/department number 0000000000	
b. Employer identification number [REDACTED]		1. Wages, tips, other compensation 26,646.12		2. Federal income tax withheld 204.60	
c. Employer's name, address, and ZIP code State of Florida Jeff Atwater, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3. Social security wages 27,537.00		4. Social security tax withheld 1,707.29	
		5. Medicare wages and tips 27,537.00		6. Medicare tax withheld 399.29	
		7. Social security tips		10. Dependent care benefits	
d. Control number 1483 01/07		11. Nonqualified plans		12a. See instructions for box 12 DD 17,328.72	
e. Employee's first name, mi, and last name FRANK A ARTILES 9690 SW 119 CT MIAMI, FL 33186		13. Statutory employee <input type="checkbox"/> 14. Other 125 2,160.00		12b.	
		12c.		12d.	
		12e.		12f.	
		12g.		12h.	
f. Employee's address and ZIP code		15. State (and payee's state if different)		16. State wages, tips, etc.	
		17. State income tax		18. Local wages, tips, etc.	
		19. State income tax		20. Local income tax	

Form **W-2** WAGE AND TAX STATEMENT **2015** OMB No. 1545-0003
 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	
b. Employer identification number [REDACTED]		1. Wages, tips, other compensation 26,646.12	
c. Employer's name, address, and ZIP code State of Florida Jeff Atwater, Chief Financial Officer 200 E Gaines Street Tallahassee, Florida 32399-0356		3. Social security wages 27,537.00	
		5. Medicare wages and tips 27,537.00	
		7. Social security tips	
d. Control number 1483 01/07		11. Nonqualified plans	
e. Employee's first name, mi, and last name FRANK A ARTILES 9690 SW 119 CT MIAMI, FL 33186		13. Statutory employee <input type="checkbox"/> 14. Other 125 2,160.00	
		12b.	
		12c.	
		12d.	
f. Employee's address and ZIP code		15. State (and payee's state if different)	
		16. State wages, tips, etc.	
		17. State income tax	
		18. Local wages, tips, etc.	

W2

FWH

Form **W-2** WAGE AND TAX STATEMENT **2015** OMB No. 1545-0003
 Department of the Treasury - Internal Revenue Service
 Copy C - For EMPLOYEE'S RECORDS (See Notice to Employees 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 record of this information may be required on your return if this income is taxable and you fail to report it.

22222		Void <input type="checkbox"/>	Employee's social security number [REDACTED]	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 24000.00	2 Federal income tax withheld 3720.00
c Employer's name, address, and ZIP code ARTILES 2 SOLUTIONS, LLC. 9690 SW 119 CT MIAMI FL 33186				3 Social security wages 24000.00	4 Social security tax withheld 1488.00
				5 Medicare wages and tips 24000.00	6 Medicare tax withheld 348.00
				7 Social security tips 0.00	8 Allocated tips 0.00
d Control number				9	10 Dependent care benefits 0.00
e Employee's first name and initial FRANK		Last name ARTILES		11 Nonqualified plans 0.00	
9690 SW 119 CT MIAMI FL 33186				12a See instructions for box 12	
				12b	
				12c	
f Employee's address and ZIP code				12d	
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

2015

Copy A for Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

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Department of the Treasury — Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

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Do Not Cut, Fold, or Staple Forms on This Page

22222		Void <input type="checkbox"/>	Employee's social security number [REDACTED]	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number (EIN) [REDACTED]				1 Wages, tips, other compensation 8000.00	2 Federal income tax withheld 1240.00
c Employer's name, address, and ZIP code ARTILES 2 SOLUTIONS, LLC. 9690 SW 119 CT MIAMI FL 33186				3 Social security wages 8000.00	4 Social security tax withheld 496.00
				5 Medicare wages and tips 8000.00	6 Medicare tax withheld 116.00
				7 Social security tips	8 Allocated tips
d Control number				9	10 Dependent care benefits
e Employee's first name and initial AIMEE		Last name ARTILES		11 Nonqualified plans	
9690 SW 119 CT MIAMI FL 33186				12a See instructions for box 12	
				12b	
				12c	
f Employee's address and ZIP code				12d	
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

2015

Copy A for Social Security Administration — Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

0000/1030

Department of the Treasury — Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.