FORM 6  FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS  2015

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:
Artiles - Frank - Anthony - State Rep. 118

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  ✓

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 reported liabilities from your reported 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

ASSETS INDIVIDUALLY VALUED AT OVER $1,000:
<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSET (specific description is required - see Instructions p.4)</th>
<th>VALUE OF ASSET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Residence, Southwood 5th ADDN PB 8141 Lot 4 BLK 23, 8392 SW 165 Terr, Palmetto Bay, FL 33157</td>
<td>$540,000</td>
</tr>
<tr>
<td>Bus. Motor Vehicle Lease, '14 GMC Arcadia (GM Financial, PO 398045, Minneapolis, MN 55439)</td>
<td>$21,000</td>
</tr>
<tr>
<td>Bank Accounts - CD's - BB&amp;T, PO Box 200, Wilson, NC 27894</td>
<td>$12,000</td>
</tr>
<tr>
<td>Bank Accounts, Checking - BB&amp;T, PO Box 200, Wilson, NC 27894</td>
<td>$18,000</td>
</tr>
</tbody>
</table>

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF $1,000 (See Instructions on page 4):

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>AMOUNT OF LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus. Motor Vehicle Lease, '14 GMC Arcadia (GM Financial, PO 398045, Minneapolis, MN 55439)</td>
<td>$21,000</td>
</tr>
<tr>
<td>Student Loans (ACS, PO Box 7052, Utica, NY 13504-7052)</td>
<td>$93,366.11</td>
</tr>
<tr>
<td>Student Loans (Navient, PO Box 13611, Philadelphia, PA 19101)</td>
<td>$15,917.60</td>
</tr>
<tr>
<td>Home Mortgage (Chase, PO Box 78420, Phoenix, AZ, 85062)</td>
<td>$237,000</td>
</tr>
</tbody>
</table>

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>AMOUNT OF LIABILITY</th>
</tr>
</thead>
</table>
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)

<table>
<thead>
<tr>
<th>PRIMARY SOURCES OF INCOME (See instructions on page 5):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF SOURCE OF INCOME EXCEEDING $1,000</td>
<td>ADDRESS OF SOURCE OF INCOME</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person—see instructions on page 5]</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF BUSINESS ENTITY</td>
<td>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

<table>
<thead>
<tr>
<th>BUSINESS ENTITY # 1</th>
<th>BUSINESS ENTITY # 2</th>
<th>BUSINESS ENTITY # 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF BUSINESS ENTITY</td>
<td>ADDRESS OF BUSINESS ENTITY</td>
<td>PRINCIPAL BUSINESS ACTIVITY</td>
</tr>
<tr>
<td>POSITION HELD WITH ENTITY</td>
<td>OWN INTEREST IN BUSINESS</td>
<td>NATURE OF MY OWNERSHIP INTEREST</td>
</tr>
</tbody>
</table>

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.

[Signature]

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me the 12th day of

June 2016

by

PATRICK GRANT
Notary Public—State of Florida
Commission # FF 904939
My Comm. Expires Aug 22, 2019

PERSONALLY KNOWN OR PRODUCED IDENTIFICATION TYPE

Preparation of this form by a CPA or attorney does not relieve the Ier 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 ☑
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
**U.S. Individual Income Tax Return**

**Form 1040**

**2015**

**Department of the Treasury - Internal Revenue Service**

**FRANK A ARTILES**

**AIMEE N ARTILES**

**9690 SW 119 Court**

**Miami FL 33186**

**For the year Jan 1-Dec 31, 2015, or other tax year beginning**

**2015, ending**

**IRS Use Only: Do not write or staple in this space.**

**See separate instructions.**

**Your social security number**

**Spouse's social security number**

**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 X Married filing jointly (even if only one had income)

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.

3 Married filing separately. Enter spouse’s SSN above

5 Qualifying widow(er) with dependent child

**Exemptions**

6a X Youself. If someone can claim you as a dependent, do not check box 6a

b X Spouse

**Dependents:**

<table>
<thead>
<tr>
<th>First name</th>
<th>Last name</th>
<th>Social security number</th>
<th>Relationship to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISABELLA</td>
<td>ARTILES</td>
<td></td>
<td>Daughter</td>
</tr>
<tr>
<td>GIANNA</td>
<td>ARTILES</td>
<td></td>
<td>Daughter</td>
</tr>
</tbody>
</table>

**Total number of exemptions claimed**

2

**Income**

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

7 58,646

8a Taxable interest. Attach Schedule B if required

8a

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

8b

9a Ordinary dividends. Attach Schedule B if required

9a 51

9b Qualified dividends

9b 51

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

10

11 Alimony received

11

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

12 95

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

13 638

14 Other gains or (losses). Attach Form 4797

14

15a IRA distributions

15a

15b Taxable amount

15b

16a Pensions and annuities

16a 15b

16b Taxable amount

16b

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

17 29,005

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a 15b

20b Taxable amount

20b

21 Other income

21

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

22 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 Aliquot paid

31a

b Recipient’s SSN

31b

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 8990

35

36 Add lines 23 through 35. This is your adjusted gross income

36 2,500

37 Subtract line 36 from line 22. This is your adjusted gross income

37 85,935
### Tax and Credits

- **Amount from line 37 (adjusted gross income):** $85,935

#### Standard Deduction for:
- **People who check any box on line 39a or 39b or who can be claimed as a dependent on another return:**

#### Itemized deductions (from Schedule A) or your standard deduction (see left margin):
- **Subtract line 40 from line 38:** $73,335

#### Exemptions:
- Line 39c is $154,950 or less, multiply $4,000 by the number on line 3d.
- **Otherwise, see instructions:** $16,000

#### Taxable Income:
- Subtract line 42 from line 41.
- If line 42 is more than line 41, enter -0-

#### Tax (see instructions).
- Check if any from: a) **Form 8814** b) **Form 941**
- **Add lines 42 through 46:** $7,571

#### Alternative minimum tax (see instructions).
- **Attach Form 6251:** $12,600

#### Excess advance premium tax credit repayment. **Attach Form 8962:**
- **Add lines 44, 45, and 46:** $7,571

#### Foreign tax credit. **Attach Form 1116 if required:**
- **Credit for child and dependent care expenses. Attach Form 2441:** $49

#### Education credits from Form 8863, line 19
- **50:** $50

#### Retirement savings contributions credit. **Attach Form 8880:** $51

#### Child tax credit. **Attach Schedule 8812, if required:** $2,000

#### Residential energy credit. **Attach Form 8869:** $53

#### Other credits from Form: a) **3900** b) **8812** c) **8867**
- **Add lines 48 through 54:** $2,000

#### Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-
- **Add lines 48 through 54:** $5,571

### Other Taxes

- **Self-employment tax.** **Attach Schedule SE:** $57

- **Unreported social security and Medicare tax from Form:** a) **4137** b) **8919**
- **Household employment taxes from Schedule H:** $60a
- **First-time homebuyer credit repayments.** **Attach Form 5405 if required:** $60b

#### Health care: individual responsibility (see instructions). Full-year coverage:
- **X:** $61

#### Taxes from: a) **Form 8959** b) **Form 8960** c) **Instructions, enter codes:** $62
- **Add lines 56 through 62:** This is your total tax

### Payments

- **Federal income tax withheld from Forms W-2 and 1099:** $64
- **5,165**

- **2015 estimated tax payments and amount applied from 2014 return:** $65
- **Earned income credit (EIC):** $66a
- **Nonrefundable combat pay exemption:** $66b
- **Additional child tax credit.** **Attach Schedule 8812:** $67
- **American opportunity credit from Form 8883, line 8:** $68
- **Net premium tax credit.** **Attach Form 8892:** $69
- **Amount paid with request for extension to file:** $70
- **Excess social security and tier 1 RRTA tax withheld:** $71
- **Credit for federal tax on fuels.** **Attach Form 8816:** $72
- **Credits from Form:** a) **4240** b) **Reserved** c) **8885** d) **8867**
- **Add lines 64, 65, 66a, and 67 through 73:** These are your total payments

### Refund

- **If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid:** $75
- **Amount of line 75 you want refunded to you. If Form 8888 is attached, check here:** $76a
- **294**

#### Direct deposit? 
- **Routing number**
- **Account number**

#### Amount You Owe

- **Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions:** $78

### Third Party Designee

- **Do you want to allow another person to discuss this return with the IRS (see instructions)?**
- **Yes. Complete below**

### Sign Here

- **Spouse’s signature:**
- **Your signature:**
- **Date:** 06-15-2016
- **Your occupation:** CONSULTANT
- **Daytime phone number:** 786-486-7339
- **Identity Protection PIN (see instr.)**

### Paid Preparer

- **Preparer's name:** DENNIS J CHIN CPA
- **Phone number:** 305-255-1040
- **Personal identification number (PIN):**

### Use Only

- **Preparer’s signature:**
- **Date:** 06-16-2016
- **Paid Preparer Type of preparer’s name:** DENNIS J CHIN CPA
- **Firm's name:**
- **Firm's address:** 13501 SW 128TH ST STE 109
(Form 1040)  
(Sole Proprietorship)  
Department of the Treasury  
Internal Revenue Service (60)  

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.  

Name of proprietor  
FRANK A ARTILES  

Insurance Adjuster  

Business name. If no separate business name, leave blank.  
ATLAS CONSULTANTS  

Business address (including suite or room no.)  
9690 SW 119 Court  
City, town or post office, state, and ZIP code  
Miami FL 33186  

Accounting method:  
(1) X Cash  (2) Accrual  (3) Other (specify)  

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

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

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

Yes X 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  

2 Returns and allowances  

3 Subtract line 2 from line 1  

4 Cost of goods sold (from line 42)  

5 Gross profit. Subtract line 4 from line 3  

6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  

7 Gross income. Add lines 5 and 6  

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

8 Advertising  

9 Car and truck expenses (see instructions)  

10 Commissions and fees  

11 Contract labor (see instructions)  

12 Depletion  

13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  

14 Employee benefit programs (other than on line 19)  

15 Insurance (other than health)  

16 Interest:  

a Mortgage (paid to banks, etc.)  

b Other  

17 Legal and professional services  

28 Total expenses before expenses for business use of home. Add lines 8 through 27a  

29 Tentative profit or (loss). Subtract line 28 from line 7  

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:  

(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  

31 Net profit or (loss). Subtract line 30 from line 29.  

32 If you have a loss, check the box that describes your investment in this activity (see instructions).  

a If a loss, you must go to line 32.  

For Paperwork Reduction Act Notice, see the separate Instructions.  

Schedule C (Form 1040) 2015  

EEA  

All investment is at risk. Some investment is not at risk.
**FRANK A ARTILES**

### Part III  Cost of Goods Sold (see instructions)

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

### 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>When did you place your vehicle in service for business purposes? (month, day, year)</td>
</tr>
<tr>
<td>44</td>
<td>Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:</td>
</tr>
<tr>
<td>a</td>
<td>Business 4,000</td>
</tr>
<tr>
<td>45</td>
<td>Was your vehicle available for personal use during off-duty hours?</td>
</tr>
<tr>
<td>46</td>
<td>Do you (or your spouse) have another vehicle available for personal use?</td>
</tr>
<tr>
<td>47 a</td>
<td>Do you have evidence to support your deduction?</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; is the evidence written?</td>
</tr>
</tbody>
</table>

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

**Dues and Subscriptions** 900

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>48</td>
<td>Total other expenses. Enter here and on line 27a</td>
</tr>
</tbody>
</table>

48 900
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)
   3392 SW 165TH TERR. MIAMI FL 33157

Type of Property:

<table>
<thead>
<tr>
<th>Type of Property</th>
<th>Properties:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Single Family Residence</td>
<td>3  Vacation/Short-Term Rental</td>
<td>5 Land</td>
<td>7 Self-Rental</td>
<td></td>
</tr>
<tr>
<td>2 Multi-Family Residence</td>
<td>4 Commercial</td>
<td>6 Royalties</td>
<td>8 Other (describe)</td>
<td></td>
</tr>
</tbody>
</table>

Income:

<table>
<thead>
<tr>
<th>Item</th>
<th>Properties:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Rents received</td>
<td>3 37,800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Royalties received</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expenses:

<table>
<thead>
<tr>
<th>Item</th>
<th>Properties:</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Advertising</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Auto and travel (see instructions)</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Cleaning and maintenance</td>
<td>7 3,700</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Commissions</td>
<td>8 3,300</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Insurance</td>
<td>9 6,794</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Legal and other professional fees</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Management fees</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Mortgage interest paid to banks, etc. (see instructions)</td>
<td>12 8,718</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Other interest</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Repairs</td>
<td>14 3,700</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Supplies</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Taxes</td>
<td>16 7,044</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Utilities</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Depreciation expense or depletion</td>
<td>18 10,181</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Other (list)</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Total expenses. Add lines 5 through 19</td>
<td>20 43,437</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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  
   (5,637)

22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)  
   (5,637)

23a Total of all amounts reported on line 3 for all rental properties  
   37,800

<table>
<thead>
<tr>
<th>23b</th>
<th>Total of all amounts reported on line 4 for all royalty properties</th>
<th>8,718</th>
</tr>
</thead>
<tbody>
<tr>
<td>23c</td>
<td>Total of all amounts reported on line 12 for all properties</td>
<td>10,181</td>
</tr>
<tr>
<td>23d</td>
<td>Total of all amounts reported on line 18 for all properties</td>
<td>43,437</td>
</tr>
<tr>
<td>23e</td>
<td>Total of all amounts reported on line 20 for all properties</td>
<td></td>
</tr>
</tbody>
</table>

24 Income. Add positive amounts shown on line 21. Do not include any losses  
   0

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here  
   (5,637)

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here.  
   (5,637)

For Paperwork Reduction Act Notice, see the separate instructions.
Cautions: 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 any loss from an at-risk activity for which any amount is not at risk, you must chapter the box in column (e) on line 28 and attach Form 6198. See instructions.

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.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARTILES 2 SOLUTIONS LLC</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARTILES 2 SOLUTIONS LLC</td>
<td>P</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Passive Income and Loss

- Passive loss allowed (attach Form 8582 if required)
- Passive income from Schedule K-1
- Nonpassive loss from Schedule K-1
- Section 179 expense deduction from Form 4562
- Nonpassive income from Schedule K-1

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27,714</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6,928</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>34,642</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30 Add columns (g) and (j) of line 29a

31 Add columns (f), (h), and (i) of line 29b

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

### Part III Income or Loss From Estates and Trusts

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Passive Income and Loss

- Passive deduction or loss allowed (attach Form 8582 if required)
- Passive income from Schedule K-1
- Deduction or loss from Schedule K-1
- Other income from Schedule K-1

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

34a Totals

36 Add columns (c) and (e) of line 34b

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

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

### Part V Summary

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below

41 Total Income or (loss). Combine lines 28, 32, 33, 39 and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 16

42 Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7, Schedule K-1 (Form 1068), 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)

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
**Election To Expense Certain Property Under Section 179**

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount (see instructions)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation (see instructions)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(a) Description of property</th>
<th>(b) Cost (business use only)</th>
<th>(c) Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Listed property. Enter the amount from line 29</td>
</tr>
<tr>
<td>8</td>
<td>Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7</td>
</tr>
<tr>
<td>9</td>
<td>Tentative deduction. Enter the smaller of line 5 or line 8</td>
</tr>
<tr>
<td>10</td>
<td>Carryover of disallowed deduction from line 13 of your 2014 Form 4562</td>
</tr>
<tr>
<td>11</td>
<td>Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td>
</tr>
<tr>
<td>12</td>
<td>Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11</td>
</tr>
<tr>
<td>13</td>
<td>Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12</td>
</tr>
</tbody>
</table>

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

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

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

**Part IV** Summary (See instructions.)

- Listed property. Enter amount from line 28 |
- 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 |
- For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs |

**Section A**

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Class life</th>
<th>(b) Month and year placed in service</th>
<th>(c) Basis for depreciation (business investment use only - see instructions)</th>
<th>(d) Recovery period</th>
<th>(e) Convention</th>
<th>(f) Method</th>
<th>(g) Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>12-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>40-year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see separate Instructions.
<table>
<thead>
<tr>
<th>Employee's Social Security number</th>
<th>Payroll organization code</th>
<th>Internal revenue service number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11-21-90-118</td>
<td>0000000000</td>
</tr>
</tbody>
</table>

**State of Florida**
Jeff Atwater, Chief Financial Officer
200 E Gaines Street
Tallahassee, Florida 32399-0356

**W-2 WAGE AND TAX STATEMENT 2015**
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.

---

**W-2 WAGE AND TAX STATEMENT 2015**

**State of Florida**
Jeff Atwater, Chief Financial Officer
200 E Gaines Street
Tallahassee, Florida 32399-0356

**FRANK A ARTILES**
9690 SW 119 CT
MIAMI, FL 33186

---

**W-2 WAGE AND TAX STATEMENT 2015**

**State of Florida**
Jeff Atwater, Chief Financial Officer
200 E Gaines Street
Tallahassee, Florida 32399-0356

**FRANK A ARTILES**
9690 SW 119 CT
MIAMI, FL 33186

---
### Form W-2 Wage and Tax Statement

**2015**  
0000/1030

#### Employee Information
- **Name**: ARTILES 2 SOLUTIONS, LLC.  
- **Address**: 9690 SW 119 CT, MIAMI, FL 33186

#### Wages & Tax Information

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wages, tips, other compensation</td>
<td>24000.00</td>
</tr>
<tr>
<td>2</td>
<td>Federal income tax withheld</td>
<td>3720.00</td>
</tr>
<tr>
<td>3</td>
<td>Social security wages</td>
<td>24000.00</td>
</tr>
<tr>
<td>4</td>
<td>Social security tax withheld</td>
<td>1488.00</td>
</tr>
<tr>
<td>5</td>
<td>Medicare wages and tips</td>
<td>24000.00</td>
</tr>
<tr>
<td>6</td>
<td>Medicare tax withheld</td>
<td>348.00</td>
</tr>
<tr>
<td>7</td>
<td>Social security tips</td>
<td>0.00</td>
</tr>
<tr>
<td>8</td>
<td>Allocated tips</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### Employer Information
- **Name**: ARTILES
- **Address**: 9690 SW 119 CT, MIAMI, FL 33186

**Note**: This is a sample form for demonstration purposes. Actual forms may vary.