

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: MICHAEL Last name: BICKELMEYER Your social security number: *

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. 399 PEARL ROAD Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. BRUNSWICK, OH 44212 If more than four dependents, see inst. and ✓ here

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
		D		<input type="checkbox"/>	<input type="checkbox"/>
		O		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2			1	42600
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRAs, pensions, and annuities	4a	b Taxable amount	4b	
5a	Social security benefits	5a	b Taxable amount	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 7.			6	42600
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6.			7	40100
8	Standard deduction or itemized deductions (from Schedule A)			8	12000
9	Qualified business income deduction (see instructions)			9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-			10	28100
11	a Tax (see inst.) 3185 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)			11	3185
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>			12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>			13	3185
14	Other taxes. Attach Schedule 4			14	0
15	Total tax. Add lines 13 and 14			15	3185
16	Federal income tax withheld from Forms W-2 and 1099			16	3710
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863			17	
18	Add lines 16 and 17. These are your total payments			18	3710
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid			19	525
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>			20a	525
21	Amount of line 19 you want applied to your 2019 estimated tax <input type="checkbox"/>			21	
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions			22	
23	Estimated tax penalty (see instructions)			23	

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **01**

Name(s) shown on Form 1040		Your social security number	
BICKELMEYER			
Additional Income	1-9b Reserved	1-9b	
	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	
	13 Capital gain or (loss). Attach Schedule D if required, if not required, check here <input type="checkbox"/>	13	
	14 Other gains or (losses). Attach Form 4797	14	
	15a Reserved	15b	
	16a Reserved	16b	
	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18 Farm income or (loss). Attach Schedule F	18	
	19 Unemployment compensation	19	
	20a Reserved	20b	
	21 Other income. List type and amount ▶	21	
	22 Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23	22	
	Adjustments to Income	23 Educator expenses	23
		24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24
		25 Health savings account deduction. Attach Form 8880	25
		26 Moving expenses for members of the Armed Forces. 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 2500	
34 Reserved	34		
35 Reserved	35		
36 Add lines 23 through 35	36 2500		

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Name(s) shown on Form 1040		Your social security number
BICKELMEYER		
Tax	38-44 Reserved	38-44
	45 Alternative minimum tax. Attach Form 6251	45
	46 Excess advance premium tax credit repayment. Attach Form 8962	46
	47 Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47

Name(s) shown on Form 1040		Your social security number
BICKELMEYER		
Nonrefundable Credits	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 Reserved	52
	53 Residential energy credit. Attach Form 5695	53
	54 Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8841 c <input type="checkbox"/>	54
55 Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55	

SCHEDULE 4
(Form 1040)

Department of the Treasury
Internal Revenue Service

Other Taxes

▶ Attach to Form 1040.

▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2018
Attachment
Sequence No. **04**

Name(s) shown on Form 1040 BICKELMEYER		Your social security number
Other Taxes	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, and other tax-favored accounts. Attach Form 5329 if required.	59
	60a Household employment taxes. Attach Schedule H	60a
	b Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b
	61 Health care: individual responsibility (see instructions)	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 Section 965 net tax liability installment from Form 965-A 63 0	
	64 Add the amounts in the far right column. These are your total other taxes . Enter here and on Form 1040, line 14 64 0	

SCHEDULE 5 (Form 1040)		Other Payments and Refundable Credits	
Name(s) shown on Form 1040 BICKELMEYER		Your social security number	
Other Payments and Refundable Credits	65 Reserved	65	
	66 2018 estimated tax payments and amount applied from 2017 return	66	
	67a Reserved	67a	
	b Reserved	67b	
	68-69 Reserved	68-69	
	70 Net premium tax credit. Attach Form 8962	70	
	71 Amount paid with request for extension to file (see instructions)	71	
	72 Excess social security and tier 1 RRTA tax withheld	72	
	73 Credit for federal tax on fuels. Attach Form 4136	73	
	74 Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
75 Add the amounts in the far right column. These are your total other payments and refundable credits . Enter here and include on Form 1040, line 17 75			

SCHEDULE 6 (Form 1040)		Foreign Address, Third Party Designee, and Other Information	
Name(s) shown on Form 1040 BICKELMEYER		Your social security number	
Foreign Address	Foreign country name	Foreign province/county	Foreign postal code
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		Personal Identification number (PIN) ▶
Additional Paid Preparer Information	Firm's address 18100 ROYALTON RD STRONGSVILLE OH 44136	Phone no. 888-687-2277	

Sign Here Join return? See instructions. Keep a copy for your records.	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 03/25/19
	Spouse's signature. If a joint return, both must sign.	Date
	Your occupation SECURITY OFFICER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Paid Preparers See Schedule 6	Print/Type preparer's name Firm's name ▶ STRONGSVILLE SENIOR CENTER	Preparer's signature
	PTIN S44051505	Firm's EIN ▶ -
	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed	

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: MICHAEL Last name: BICKELMEYER Your social security number: _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. 399 PEARL ROAD Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. BRUNSWICK, OH 44212 If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

Joint return? See instructions. Keep a copy for your records. **Your signature** Date: 03/25/19 Your occupation: SECURITY OFFICER 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 you an Identity Protection PIN, enter it here (see inst.) [] [] [] [] [] []

Paid Preparer Use Only Preparer's name: _____ Preparer's signature: _____ PTIN: S44051505 Firm's EIN: - Check if: 3rd Party Designee Self-employed
 Firm's name ▶ STRONGSVILLE SENIOR CENTER Phone no. 888-687-2277
 Firm's address ▶ 18100 ROYALTON RD STRONGSVILLE OH 44136

		1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	42600
		2a	Tax-exempt interest	2b	
		3a	Qualified dividends	3b	
		4a	IRAs, pensions, and annuities	4b	
		5a	Social security benefits	5b	
		6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	42600
		7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	40100
		8	Standard deduction or itemized deductions (from Schedule A)	8	12000
		9	Qualified business income deduction (see instructions)	9	
		10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	28100
		11	a Tax (see inst.) <u>3185</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	3185
			b Add any amount from Schedule 2 and check here <input type="checkbox"/>		
		12	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
		13	Subtract line 12 from line 11. If zero or less, enter -0-	13	3185
		14	Other taxes. Attach Schedule 4	14	0
		15	Total tax. Add lines 13 and 14	15	3185
		16	Federal income tax withheld from Forms W-2 and 1099	16	3710
		17	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	17	
			Add any amount from Schedule 5		
		18	Add lines 16 and 17. These are your total payments	18	3710
		19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	525
		20a	Amount of line 19 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	20a	525
		▶ b	Routing number <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
		▶ d	Account number		
		21	Amount of line 19 you want applied to your 2019 estimated tax	21	
		22	Amount you owe . Subtract line 18 from line 15. For details on how to pay, see instructions	22	
		23	Estimated tax penalty (see instructions)	23	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

Standard Deduction for—
 Single or married filing separately, \$12,000
 Married filing jointly or Qualifying widow(er), \$24,000
 Head of household, \$18,000
 If you checked any box under Standard deduction, see instructions.

Refund
 Direct deposit? See instructions.

QNA

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Itemized Deductions

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

▶ Attach to Form 1040.

OMB No. 1545-0074

2018

Attachment
Sequence No. **07**

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

Name(s) shown on Form 1040

Your social security number

MICHAEL BICKELMEYER			
Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	4754
2	Enter amount from Form 1040, line 7	2	40100
3	Multiply line 2 by 7.5% (0.075)	3	3008
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	1746
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 <input type="checkbox"/>	5a	1415
	b State and local real estate taxes (see instructions)	5b	
	c State and local personal property taxes	5c	
	d Add lines 5a through 5c	5d	1415
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	1415
	6 Other taxes. List type and amount	6	
	7 Add lines 5e and 6	7	1415
Interest You Paid	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 <input type="checkbox"/>		
Caution: Your mortgage interest deduction may be limited (see instructions).	a Home mortgage interest and points reported to you on Form 1098	8a	
	b Home mortgage interest not reported to you on Form 1098. 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	8d	
	e Add lines 8a through 8c	8e	
	9 Investment interest. Attach Form 4952 if required. See instructions	9	
	10 Add lines 8e and 9	10	
Gifts to Charity	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 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	
Other Itemized Deductions	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, line 8	17	3161
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

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

Schedule A (Form 1040) 2018

QNA

Supporting Statements for SCHEDULE A
Client : BICKELMEYER

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	3744
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	1000
Prescription Medicine, Drugs, or Insulin	<u>10</u>
TOTALS:	4754

Use this worksheet instead of the worksheet in the Form 1040 instructions if you are filing **Form 2555, 2555-EZ, or 4563**, or you are excluding income from sources within Puerto Rico. Before using this worksheet, you must complete **Form 1040, line 6**, and **Schedule 1 (Form 1040), lines 23 through 32**, plus any amount to be entered on the dotted line next to line 36.

1.	Enter the total interest you paid in 2018 on qualified student loans. Don't enter more than \$2,500	1.	<u>2500</u>
2.	Enter the amount from Form 1040, line 6	2.	<u>42600</u>
3.	Enter the total of the amounts from Schedule 1 (Form 1040), lines 23 through 32	3.	_____
4.	Enter the total of any amounts entered on the dotted line next to Schedule 1 (Form 1040), line 36, other than any amount identified as "DPAD"	4.	_____
5.	Add lines 3 and 4	5.	_____
6.	Subtract line 5 from line 2	6.	<u>42600</u>
7.	Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45; or Form 2555-EZ, line 18)	7.	_____
8.	Enter any foreign housing deduction (Form 2555, line 50)	8.	_____
9.	Enter the amount of income from Puerto Rico you are excluding	9.	_____
10.	Enter the amount of income from American Samoa you are excluding (Form 4563, line 15)	10.	_____
11.	Add lines 6 through 10. This is your modified adjusted gross income	11.	<u>42600</u>
12.	Enter the amount shown below for your filing status	12.	<u>65000</u>
	• Single, head of household, or qualifying widow(er)—\$65,000		
	• Married filing jointly—\$135,000		
13.	Is the amount on line 11 more than the amount on line 12?		
	<input checked="" type="checkbox"/> No. Skip lines 13 and 14, enter -0- on line 15, and go to line 16.		
	<input type="checkbox"/> Yes. Subtract line 12 from line 11	13.	_____
14.	Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	14.	_____
15.	Multiply line 1 by line 14	15.	_____
16.	Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1 (Form 1040), line 33. Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	16.	<u>2500</u>