Department of the Treasury-Interr U.S. Individual Inco	nal Revenue Service	0000	a 1						
		BUZZ	OM	B No. 1545	-0074				
Check only	filing jointly Married	filing separ				RS Use Onl	lyDo not	write or staple	in this space.
one box. qualifying person is	S box, enter the name of child but not your depend	your spous	se If you ch	riead	of household	(HOH)	Qual	ifying survivi	ng spouse (Q
Your first name and middle initial	child but not your depend	dent:	-o. ii you cik	scked the H	OH or QSS	box, ente	er the cl	hild's name	if the
MICHAEL		Last name				7			
If joint return, spouse's first name and mi			LMEYER			Your	social s	security nu	ımber
		Last name				_			
Home address (number and street). If you 399 PEARL ROAD	I have a D.C.					Spous	se's so	cial securi	ty number
399 PEARL ROAD	a riave a P.O. box, see ins	structions.		Apt. no.		1			
City, town, or post office. If you have a foreign as	idress also some li					Check	here if	Election C you, or you	ampaign
	bases b	below.	State	ZIP code)	spouse	e it tilino	ininthy was	nt Co
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Assets exchange, gift, or otherwise or Standard Someone can claim:	ou: (a) receive (as a reward, aw dispose of a digital asset (or a f	vard, or paym financial inter	ent for propert	y or services)	; or (b) sell,			You	Spouse
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. ou. vvere horn hefo	ro longer			7					
(See Instructions):	7-1,000	Are blind	Spouse:	Was born	before Janu	ary 2, 19	58 F	ls blind	
(1) First name	Last name		(2) Socia	security	(3) Relatio			ck the box if	qualifies
than four			nul	mber	to you	1	Child tax	x credit Cre	qualifies): dit for other pendents
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		IOU GGUOIISI						1	1 1
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than Familia C IIp Income not repor	ted on line to /occ !	·····(0) vv	~ , , ,			14	-	64	4,880
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Form 10 Tax ai	040 (2022) BICKELMEYE	{			
	IN Iax (see instructional Ch	1 11	(s): 1 8814 2 4972 3		*
Credit	S 17 Amount from Schedule 2.	line 3	(s): 1 8814 2 4972 3		Page 2
	Add lines 16 and 17		***********		1,002
					1,052
	21 Add lines 19 and 20		er -0-	15	
	and all little of trom line at	7 11			
					The state of the s
270	24 Add lines 22 and 23. This is	Vous total tax, from	n Schedule 2, line 21	22	7,052
Paymei	- Induite lax Withhale	Troms.		23	
	a Form(s) W-2b Form(s) 1099	nom.		24	7,052
	b Form(s) 1099	***********		(1 - 1	
	c Other forms (see instruction	.,		6,150	
	d Add lines 25a through 25a		250		
If want	26 2022 estimated tax payment		******************		
If you have qualifying	Laineu income credit (Cic)			25d	6,150
child, attack Sch. EIC.	a 27 Earned income credit (EIC) h 28 Additional child tax credit from Sc 29 American opportunity credit from				7-30
	29 American opportunity credit for	nedule 8812	28		
	American opportunity credit from Reserved for future use	orm 8863, line 8			
	30 Reserved for future use 31 Amount from Schedule 3, line				
	31 Amount from Schedule 3, line 32 Add lines 27, 28, 29, and 31.	15	30		
	33 Add lines 25d 26 and 20 T	These are your total	other payments and refundable crayments	169	
Refund	34 If line 33 is more than line 34	ese are your total pa	other payments and refundable crayments	'edits 32	169
	35a Amount of line 34 you want	subtract line 24 from	ayments	33	6,319
Direct deposit	? b Routing number	etunded to you. If F	orm 8888 is attached, check have	paid 34	
See instruction	ns. d Account number		c Type: Check	35a	
	36 Amount of line 34 Volume		- Check	ing Savings	
Amount	36 Amount of line 34 you want ap 37 Subtract line 33 from line 24. T	plied to your 2023 (estimated tax 36	- 23	
You Owe	37 Subtract line 33 from line 24. T	his is the amount yo	ou owe.		
	38 Estimated tax parely	www.irs.gov/Paym	ents or see instructions		
Third Part	38 Estimated tax penalty (see instrictions	uctions)			733
Designee	instructions	son to discuss this re	eturn with the IRS? See		
	instructions				
	9		Phone Phone	omplete below. No	
Sign		JP INC		Personal identifica	ation
Here	correct, and complete. Declaration of prepare	e examined this return and	d accompanying schedules and the	1429 number (PIN)	34638
Joint return?	Your signature	(other than taxpayer) is be	no. $440-572-6$ d accompanying schedules and statements, and to a seed on all information of which preparer has any	o the best of my knowledge and bel	ief, they are true
See instructions.	g.maid/e	Date	Your occupation		
Keep a copy for your records.	Spouse's signature. If a joint return, both mus		SECURITY	If the IRS sent you an Identi Protection PIN, enter	ty
your records.	, which must	Date	Spouse's occupation	it riere (see inst.)	
-	Phone no. 440-876-367			If the IRS sent your spouse Protection PIN, enter	an Identity
Paid	Preparer's name	The state of the s	ess MIBICKELMEYER@Y	it here (see inst.)	
	JANET ELDER	Preparer's signature	Date		
Preparer -	Firm's name		1	PTIN Ch	eck if:
Use Only	- THA	GROUP INC	02 17-20.	23P00567633 []	Self-employed
	20000 PE	ARL RD UNI	Г 135	Phone no. 440	-572-0429
Go to www.irs.g	STRONGSV ov/Form1040 for instructions and the	LLE OH 44	136		
-	instructions and the	latest information.		Firm's EIN 4	131871840
				For	m 1040 (2022)

(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR

MICHAEL BICKELMEYER	intomiation.	Attachment Sequence No. 01
Additional Incom		Your social sequelly
l axable refunds credits		255difty fidinger
Taxable refunds, credits, or offsets of state and local income taxes Alimony received Date of original divorce or separation agreement (see instructions):		
b Date of original divorce		1
 Date of original divorce or separation agreement (see instructions): Business income or (loss), Attach Schodule 0. 		2a
4 Other gains or (loss). Attach Schedule C		
Business income or (loss). Attach Schedule C Other gains or (losses). Attach Form 4797 Rental real estate, royalties, partnerships, S corporations, trusts at the second separation agreement (see instructions):		3
		4
Farm income or (loss). Attach Schedule F Unemployment compensation Other income:	dule E	5
7 Unemployment compensation	******************	6
		7
The operating loss.	11	
o Gampling	8a (
b Gambling c Cancellation of debt d Foreign earned income exclusion from Form 2555	8b	
u Foreign earned income evolutions	0-	
e Income from Form 8853	Del /	
Income from Form 8889	00	
g Alaska Permanent Fund dividende	. 06	
h Jury duty pay	0	
1 Prizes and awards		
Activity not engaged in for any time	01	
k Stock options	· 8j	
I Income from the rental of porganal	Ole	2.3
but were not in the husiness at		
III Olympic and Paralympic models	. 81	
n Section 951(a) inclusion (see instructions)	Qua	
O Section 951A(a) inclusion (see in-	Q _m	
p Section 461(I) excess hydrogen land	80	
p Section 461(I) excess business loss adjustment q Taxable distributions from an ABLE account (see instruction)	80	
q Taxable distributions from an ABLE account (see instructions) scholarship and fellowship grants not reported on Form M. s.	8p	
r Scholarship and fellowship grants not reported on Form W-2 S Nontaxable amount of Medicaid waiver payments included.	8q	
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8r	
1040, line 1a or 1d		
t Pension or annuity from a nonqualifed deferred compensation plan or	88 ()	
a nongovernmental section 457 plan		
u Wages earned while incarcerated Z Other income. List type and amount:	38	
ADDITIONAL WAS A SHOWN TO A SHOWN THE SHOWN TH	8u	
ADDITIONAL TIP INCOME \$25	- 1	
	8z 25	
For Paperwork Pode 1 inrough 7 and 9. Enter here and on Form 1040, 1040, 00	9	0.5
ED4 30 taken Act Notice, see your tax return instruction	R, line 8	25
FDA 22 1040SCH1 BWF 1040 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc	Schedu	lle 1 (Form 1040) 2022
Tax Group, Inc		. (1011111040) 2022

(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR. Go to www.irs.gov/Form1040 for instructions and the latest information. Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Attachment Sequence No. 03

MIC	CHAEL BICKELMEYER		Sequence No. 03
Pa	Nonrefundable On the	Your so	ocial security number
1			
2	Foreign tax credit. Attach Form 1116 if required Credit for child and dependent care expenses from Form 2441, line 11, Attach		
	Credit for child and dependent care expenses from Form 2441, line 11. Attach	1	
3	Form 2441		
4	Education credits from Form 8863, line 19 Retirement savings contributions credit. Attach Form 8880	2	
5	Retirement savings contributions credit. Attach Form 8880 Residential energy credits. Attach Form 5695.	3	
6	Residential energy credits. Attach Form 5695. Other nonrefundable credits:	4	
а	General business growth Attack	5	
b	General business credit. Attach Form 3800	53.2	
С	Credit for prior year minimum tax. Attach Form 8801 6a Adoption credit. Attach Form 8839 6b		
d	Adoption credit. Attach Form 8839		
е	Credit for the elderly or disabled. Attach Schedule R		
f	Alternative motor vehicle credit. Attach Form 8910		
g	Qualified plug-in motor vehicle credit. Attach Form 8936		
h	Mortgage interest credit. Attach Form 8936		
i	District of Columbia first-time homebuyer credit. Attach Form 8859 6g Qualified electric vehicle credit. Attach Form 8859 6h		
j	Qualified electric vehicle credit. Attach Form 8859		
k	Alternative fuel vehicle refueling property credit. Attach Form 8911 Credit to holders of tax credit bonds. Attach Form 8911 6i 6j		
-	Credit to holders of tax credit bonds. Attach Form 8911		
Z	Amount on Form 8978, line 14. See instructions 6k Other nonrefundable credits. List type and area. 6l		
	anount:		
7	Total other nonrefundable credits Add to		
8	Total other nonrefundable credits. Add lines 6a through 6z		
	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040–SR, or 1040–NR,	7	
		_	
r Pape	rwork Reduction Act Notice, see your tax return instructions.		
	see your tax return instructions.	(00	ontinued on page 2)

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2022



Sched	dule 3 (Form 1040) 2022 BICKELMEYER				
Pa	Other Payments and Def			~	×
9	Other Payments and Refundable Credits				Page 2
10	Net premium tax credit. Attach Form 8962			7	
11	Amount paid with request for extension to file (see instructions)			9	169
12	Excess social security and tier 1 RRTA tax withheld			10	
13	Credit for federal tax on fuels. Attach Form 4136 Other payments or refundable credits:		**************	11	
a	Other payments or refundable credits:	1	1	12	
Ь	Form 2439	13a			
С	Reserved for future use	13b			
d	Credit for repayment of amounts included in income from earlier	13c			
е	years	13d			
ř	Deferred amount of net 965 tax liability (see instructions)	13e		22.5	
g	Reserved for future use	13f			
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s)	13g			
z	Out all Delore October 1 cood	13h			
14	Total other payments or refundable gradity to the	13z			
15	Total other payments or refundable credits. Add lines 13a through 13z	NR,		14	
		200 1 400		1	

. | 15 | 169 Schedule 3 (Form 1040) 2022

FDA 22 1040SCH32 BWF 1040 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.

Form 8962

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

Attachment Sequence No. 73

Department of the Treasury Internal Revenue Service Name shown on your return

Go to www.irs.gov/Form8962 for instructions and the latest information.

MICH	77777	your return					ormation.	1	Sequer	co No
TATCE	HAEL E	BICKELMEYER			Yo	our socia	security nun	nber		THE RESERVE OF THE PERSON NAMED IN
A. Y	ou cannot ta	ke the PTC if your filing st	atus is married filing separa	toly						
Part	U An	nual and Monthl	atus is married filing separaly Contribution A	mely unless you qualify t	for an exception	. See instr	uctions. If you o	ualify, ch	eck the hov	
									TOR CHE DOX .	• • •
2a	Modified ,	AGI. Enter your modifie	ed AGI. See instructional and agreements and agreements and agreements and agreements are agreements.	ons						
U	Enter the	total of your depender	ate' modifical sol e			. 2a	64	205		
3	Household	d income. Add the am	ounts on lines 2a and 2 deral poverty line amo	nstructions		. 2b	01,	203		
4	Federal po	Overty line Enter the fa	ounts on lines 2a and 2	b. See instructions	******					
	the approx	Oriate how for the f	ederal poverty line amo ral poverty table used.	unt from Table 1-1.	1-2, or 1-3	Saa inatri	intiana Oi	3		54,90
5	Household	income es -	ederal poverty line amo al poverty table used. age of federal poverty li	a Alaska b	Hawaii C	Other 4	cuons. Chec	k		
6	Reserved :	for future	ar poverty table used. age of federal poverty li	ne (see instructions))	Other 4	states and	DC 4	1	2,88
7	Applicable	figure 11:	age of federal poverty li	111111111	,		• • • • • • • • • • •	5		401
8a /	Annual cor	atribution	5 percentage, locate v	Our "applicable figur	ro" on the tal		• • • • • • • • • • •	•••		
I	ine 3 by lir	ne 7. Round to nearest	tiply	h Monthly	e on the tab	ile in the	instructions	7		0.08
Part I	VIIOLG GOILE	ii amount	1 - 1	,517 by 12. B	contribution	amount.	Divide line 8a	ı		
		mium Tax Credit	(I disease - I m	The same of the sa	lound to near	est whole	e dollar amou	nt 8k	,	46
9 4	Are you allo	ocating policy amounts	with another taxpaver	or da	vance Pa	yment	of Premiu	m Tax	Credit	40
L		P to I ait IV. Allocation	of Policy Asses		00101110	mive Calci	ulation for yea	ar of mar	riage? Soo i	notr
10 S						Year of N	Marriage, X	No Co	ntinue to line	nsır.
×	Yes. Co	ntinue to line 11. Comr	if you can use line 11 or pute your annual PTC	r must complete line	s 12 through	23.	G - 1	g 140. CC	manue to line	9 10.
	and cor	ntinue to line 24.	rr you can use line 11 o oute your annual PTC.	Then skip lines 12-2	23	Г	No Continu	0 to line		
					don 1	VO	No. Continu	e to lines	s 12-23. Cor	npute
Anr		(a) Annual enrollment premiums (Form(s)	(b) Annual applicable		(d) Annual m	navimum	ur monthly P	IC and		
Calcu	lation	1095-A, line 33A)	SLCSP premium (Form(s) 1095-A,	contribution amount	1 premium as	cictanon	(e) Annual p tax credit a	remium	(f) Annual	advance
11 Ann	ual Totals		line 33B)	(line 8a)	(subtract (c) fi zero or less, e	rom (b); if	(smaller of (a	mowed	payment (Form(s)	of PTC
	adi Totals	8,197	9,538	5,517					line :	33C)
Mon	ithly	(a) Monthly enrollment premiums (Form(s)	(b) Monthly applicable	(c) Marth		,021		,021	3	, 852
Calcu	lation	1095-A, lines 21-32.	SLCSP premium (Form(s) 1095-A, lines	(amount from line of	(d) Monthly r	cictonan	(e) Monthly p	remium	(f) Monthly	advance
30 1		column A)	21-32, column B)	or alternative marriage monthly calculation)	(subtract (c) fr	0 00 /61- 22 1	tax credit a	llowed	(Form(s) 109	IF PTC
	nuary		AV.	monthly calculation)	zero or less, e	nter -0-)	(smaller of (a) or (d))	21-32, colu	n-A, lines
	bruary									
	arch									
15 Ap	ril		74.17							
16 Ma	У									
17 Jur	ne									
18 July	,		109							
19 Aug	gust		Viji jaka i jakong							
20 Sep	tember	44.55	1							
	ober									
22 Nov	ember		87 8			_				
	ember									
		toy ore dit. E								
25 Adva	ance nave	tax credit. Enter the a	mount from In. 11(e) or amount from In. 11(f) o	add Ins. 12(e) throu	inh 23(a) and	1				
26 Net o	urice payri	ient of PIC. Enter the	amount from In. 11(e) or amount from In. 11(f) o	r add ins. 12(f) throu	igh 23(6) and	enter th	e total here	24	4,	021
on Sc	chedule 3 (Fo	credit. If line 24 is greater to	han line 25, subtract line 25	from line 24 Enterthe	4911 23(1) and	enter the	total here	25		852
If line	25 is greate	r than line 24, leave this lin	han line 25, subtract line 25 equals line 25, enter –0–. St e blank and continue to line	op here.	unterence here	and				
		ILICIII UI EXCESS	Advance De					26		169
- LALES	s auvance p	ayment of PTC. If line 25 in		1 1 011111	AIII I CIX GI	ear				100
8 Repa	ayment limi	itation (see instructions	N	act line 24 from line 25. E	Enter the differe	ence here		27		
EXCE	ss advance	e premium tax credit re	Daymont F.					28		
(Forn	n 1040), lii	ne 2		and of the 27 of the	e 28 here and	d on Sch	edule 2			
Paperwo	rk Reduci	tion Act Notice see	our tax return instruc					20		
			our tax return instruc	tions.				29	0000	-
								Fo	rm 8962 (2	2022)

For

Form 8879

(Rev. January 2023)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

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

OMB No. 1545-0074

Submission Identification Number (SID)	on.	
Taxpayer's name		
MICHAEL BICKELMEYER Spouse's name	Social security nur	nber
Opedae's flame		
Part Tax Return Information	Spouse's social se	curity number
Part I Tax Return Information — Tax Year Ending December 31, 2022 Enter whole dollars only on lines 1 through 5. Note: Form 1040–SS files year in	(Enter year you	
to to do mers use line 4 only Leave lines d. a.		uthorizing.)
2 Total tax 3 Federal income tax withheld from Form(s) W–2 and Form(s) 1099		64,905
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099		2 7,052
4 Amount you want refunded to you		3 6,150
5 Amount you owe Parti II Taxpayer Declaration and Signature Authorization (2)	************	1
Ulider Denaities of portion 1 1	are at 1	5 733
Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or arr tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provides (b) the reason for any delay in processing the return or refund and or return or refund and or receipt or re-	ended) I am	our return)
(ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or receign or any delay in processing the return or refund, and (c) the date of any refund. If applicable designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the finance of payment of my federal taxes owed on this return and/or a payment of estimated entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury I no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution to the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related the personal identification number (PIN) below is my signature for the income tax return (original or amendation amendation on the income tax return (original or amendation on the income tax return (original or amendation on the income tax return (original or amendation or amendation on the income tax return (original or amendation or amen	ple, I authorize the U.S. cial institution account tax, and the financial Financial Agent to terronent cancellation request involved in the protect to the payment. I ded) I am now authorize my PIN 1632 Enter five deni* account accounts the U.S. cial institution accounts the U.S. cial institutio	in transmission, i. Treasury and its indicated in the tax institution to debit the ininate the authorization. uests must be received poessing of the electronic further acknowledge that izing and, if applicable, as my e digits, but
Your signature ▶ 3h . h) must complete Part	III below.
Spouse's PIN: check one box only		2/17/2023
signature on the income. ERO firm name to enter or generate		as my
signature on the income tax return (original or amended) I am now authorizing.	Manth and	digits, but
I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO	ing. Check this box or must complete Part II	niy Lipelow
Spouse's signature		. 25.01.
Part III Certification and Authentication — Practitioner PIN Method Returns Only — continue b	Date ▶	
Part III Certification and Authentication — Practitioner PIN Method Only	elow	
RO's EFIN/PIN Enter your class to a Final Pine		
RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	1197950616	
certify that the above numeric entry is my DIAL and a second control of the contr	Don't anten	all zares
uthorized to file for tax year indicated above for the taxpayer(s) indicated to	return (original or an	ended) I am now
uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitti equirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of the Practice IRS e-file Practice I	ng this return in accor	dance with the
and the e-file Providers of	of Individual Income T	ax Returns
RO's signature ▶JANET ELDER		
ERO Must Retain This Form — See Instructions	Date ▶2/	17/2023
Don't Submit This Form to the IRS Unless Requested To	D- C	
or Paperwork Reduction Act Notice, see your tax return instructions. A 22 88791 BWF 1040 Form Software Conventors of the IRS Unless Requested To	Form 88	79 (Rev. 01-2023)
A 22 88791 BWF 1040 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.	101111 00	o (nev. 01-2023)

2022 WAGES AND SALARIES SUMMARY ATTACHMENT

MICHAEL BICKELMEYER

	State	Wages Tax Withheld Tax Withheld		12 44,061 1,552		64,880 1,831
	Social Security State	l da vyittineig	271			2///8
	Federal	D. C.	5.270	218	6.150)
	Wages	0 0	44,061	12,445	64,880	
	Employer EIN or S	82-0957675 т	56-0515447 T	47-3373810 T		
A CONTRACTOR AND A CONT	Employer Name	MILE HIGH PIZZA COMPANY LLC 82-0957675	PS NWO LLC	HONEY BAKED HAM COMPANY LLC 47-3373810		

2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

MICHAEL BICKELMEYER

W-2	MILE HIGH PIZZA COMPANY LLC	662
W-2	UNIVERSAL PROTECTION SERVICES LLC	5,270
W-2	PS NWO LLC	218
TOTAL TO	FORM 1040/1040-SR LINE 25D	6,150



2023 CARRYFORWARD INFORMATION

MICHAEL BICKELMEYER

Itemized Returns Only 2009			
Charitable contribution	state and local tax refund (this amour	nt may not be tayable in seem	Keep for Your Record
Estimated short to	over to 2023	the second of th	
Estimated short-term capital lo	oss carryoverss carryover		
contrated long-term capital los	s carryover		
2022 tax liability (for 2023 Form	2210 purposes		
101111 0839: 2021 carryover of 1	Inqualificat		
return amount applied to 2023	2		0,000
Disallowed investment interest i	in 2022		
Additional state taxes paid			
Form 8396: Mortgage interest c	redit from 2020		
Mortgage interest c	redit from 2020		
Mortgage interest or	redit from good		
Form 8801: Minimum tax credit	Carndon		
Potential 2023 IRA contribution f	Carryforward		
NOL carryforward:		**********	
from 2002	and tak		A B d see
from 2003	from 2012	from 2002	AMT Tax
from 2004	from 2013	from 2003	from 2012
from 2005	from 2014	from 2004	from 2013
from 2006	from 2015	from 2005	from 2014
from 2007	from 2016	from 2006.	from 2015
from 2008	from 2017	from 2007	from 2016
from 2009	from 2018	from 2008	from 2017
from 2010	from 2019	from 2009	from 2018
	from 2020	from 2010	from 2019
from 2011	from 2021	Total Control	from 2020
Gross NOL generated	d in 2022	from 2011	from 2021
to be absorbed in ca	IIVback period	Gross AMT NOL gene	rated in 2022
net carrylorward from	2022	To be absorbed in car	ryback period
Total carryforward to 2	2023	iver carrylorward from	2022
		1 otal carryforward to 2	023
The amounts carried to ne	xt year from Schedule(s) E, pages 1 a //T amounts are found on the AMT Fo		
Worksheet 6. Carryover AN	xt year from Schedule(s) E, pages 1 a //T amounts are found on the AMT Fo ward to 2022	and/or 2, are found on Form 8582	
Foreign Tax Credit carryfor	Ward to 2000	will 6562, Worksheet 6.	
 General Business Credit ca 	urryforward to 2023 dit Repayment carryforward to 2020		
First-Time Homebuyer Cred	dit Renaument :		* * * *
the current year payments)	will come for all gross profit fallo a	and prior payments received (incl	Idina
 Amounts from Form 6251, Ii 	ines 16 through 19 lines 27	52.	
OH 2022 INCOME	ines 16 through 18, lines 27 and 28 at E TAX WITHHELD FOR	re automatically carried forward to	2023.
OH STATE & TOO	E TAX WITHHELD FOR CAL REFUND TO REPORT	LINE 33G	1 000
OH 2022 TAV EC	CAL REFUND TO REPOR DR 2023 UNDERPAYMEN	RT ON 2023 1040	1,831
	OR 2023 UNDERPAYMEN	IT PENALTY FORM	
		I Olui.	1,452