

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Michael		Last name Bickelmeyer		Your social security number [REDACTED]	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 399 Pearl Rd				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. Brunswick				State OH	ZIP code 442121121
Foreign country name		Foreign province/state/county		Foreign postal code	

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

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	54,753.	
	2a	Tax-exempt interest	2a	2b		
Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction , see instructions.	3a	Qualified dividends	3a	3b		
	4a	IRA distributions	4a	4b		
	5a	Pensions and annuities	5a	5b		
	6a	Social security benefits	6a	6b		
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		7		
	8	Other income from Schedule 1, line 9		8		
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	54,753.	
	10	Adjustments to income:				
	a	From Schedule 1, line 22	10a	712.	10c	712.
	b	Charitable contributions if you take the standard deduction. See instructions	10b		11	54,041.
c	Add lines 10a and 10b. These are your total adjustments to income			12	12,400.	
11	Subtract line 10c from line 9. This is your adjusted gross income			13		
12	Standard deduction or itemized deductions (from Schedule A)			14	12,400.	
13	Qualified business income deduction. Attach Form 8995 or Form 8995-A			15	41,641.	
14	Add lines 12 and 13					
15	Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-					

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	4,948.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	4,948.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,948.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	217.
24	Add lines 22 and 23. This is your total tax	24	5,165.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	5,239.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	5,239.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	5,239.
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	74.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	74.
b	Routing number _____	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number _____		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

Direct deposit?
See instructions.

Amount You Owe

For details on how to pay, see instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's name ▶

Phone no. ▶

Personal identification number (PIN) ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no. (440) 876-3672

Email address

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Firm's address ▶

Phone no.

Firm's EIN ▶

Paid Preparer Use Only

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

BAA

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Form **1040** (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Michael Bickelmeyer

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	712.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	712.

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

BAA

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Schedule 1 (Form 1040) 2020

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

Michael Bickelmeyer

Your social security number

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	217.
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
7b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	10	217.

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

BAA

REV 09/17/21 Intuit.cq.cfp.sp

Schedule 2 (Form 1040) 2020

**Social Security and Medicare Tax
on Unreported Tip Income**

OMB No. 1545-0074

2020Attachment
Sequence No. **24**Department of the Treasury
Internal Revenue Service (99)► Go to www.irs.gov/Form4137 for the latest information.
► Attach to your tax return.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

Michael Bickelmeyer

Social security number

1	(a) Name of employer to whom you were required to but didn't report all your tips (see instructions)	(b) Employer identification number (see instructions)	(c) Total cash and charge tips you received (including unreported tips) (see instructions)	(d) Total cash and charge tips you reported to your employer
A	CLEVELAND STRONGSVILLE HOSPITA	46-3137402	2,840.	
B				
C				
D				
E				

2	Total cash and charge tips you received in 2020. Add the amounts from line 1, column (c)	2	2,840.
3	Total cash and charge tips you reported to your employer(s) in 2020. Add the amounts from line 1, column (d)	3	
4	Subtract line 3 from line 2. This amount is income you must include in the total on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a	4	2,840.
5	Cash and charge tips you received but didn't report to your employer because the total was less than \$20 in a calendar month (see instructions)	5	
6	Unreported tips subject to Medicare tax. Subtract line 5 from line 4	6	2,840.
7	Maximum amount of wages (including tips) subject to social security tax	7	137,700
8	Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) and railroad retirement (RTTA) compensation (subject to 6.2% rate) (see instructions)	8	51,914.
9	Subtract line 8 from line 7. If line 8 is more than line 7, enter -0-	9	85,786.
10	Unreported tips subject to social security tax. Enter the smaller of line 6 or line 9. If you received tips as a federal, state, or local government employee, see instructions	10	2,840.
11	Multiply line 10 by 0.062 (social security tax rate)	11	176.
12	Multiply line 6 by 0.0145 (Medicare tax rate)	12	41.
13	Add lines 11 and 12. Enter here and include as tax on Schedule 2 (Form 1040), line 5; Form 1040-PR, Part I, line 6; or Form 1040-SS, Part I, line 6. See your tax return instructions.	13	217.

General Instructions**Future Developments**

For the latest information about developments related to Form 4137 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form4137.

What's New

For 2020, the maximum wages and tips subject to social security tax increases to \$137,700. The social security tax rate an employee must pay on tips remains at 6.2%.

Reminder

A 0.9% Additional Medicare Tax applies to Medicare wages, Railroad Retirement Tax Act compensation, and self-employment income over a threshold amount based on your filing status. Use Form 8959, Additional Medicare Tax, to figure this tax. For more information on the Additional Medicare Tax, see "What is the Additional Medicare Tax?" at www.irs.gov/AdMT.

Purpose of form. Use Form 4137 **only** to figure the social security and Medicare tax owed on tips you didn't report to your employer, including any allocated tips shown on your Form(s) W-2 that you must report as income. You must also report the income on Form 1040 or 1040-SR, line 1; or Form 1040-NR, line 1a. By filing this form, your social security and Medicare tips will be credited to your social security record (used to figure your benefits). Don't use Form 4137 as a substitute Form W-2.



If you believe you're an employee and you received Form 1099-MISC, Miscellaneous Income, or Form 1099-NEC, Nonemployee Compensation, instead of Form W-2, Wage and Tax Statement, because your employer didn't consider you an employee, don't use this form to report the social security and Medicare tax on that income. Instead, use Form 8919, Uncollected Social Security and Medicare Tax on Wages.

Who must file. You must file Form 4137 if you received cash and charge tips of \$20 or more in a calendar month and didn't report all of those tips to your employer. You must also file Form 4137 if your Form(s) W-2, box 8, shows allocated tips that you must report as income.

Tax History Report

► Keep for your records

2020

Name(s) Shown on Return

Michael Bickelmeyer

Five Year Tax History:				
	2016	2017	2018	2019
Filing status				Single
Total income				54,753.
Adjustments to income				712.
Adjusted gross income				54,041.
Tax expense				2,741.
Interest expense . . .				
Contributions				
Misc. deductions . . .				
Other itemized ded'ns				
Total itemized/ standard deduction . .				12,400.
Exemption amount . .				0.
QBI deduction				
Taxable income				41,641.
Tax				4,948.
Alternative min tax . .				
Total credits				
Other taxes				217.
Payments				5,239.
Form 2210 penalty . .				
Amount owed				
Applied to next year's estimated tax .				
Refund				74.
Effective tax rate % . .				9.16
**Tax bracket % . . .				22.0

**Tax bracket % is based on Taxable income.

FORM 1040 or FORM 1040-SR WORKSHEET**NOTE:** Form 1040, 1040-SR and Schedules 1 - 3 are fully calculated.**2020**

Use this worksheet to enter all data which will flow to the Form 1040 or Form 1040SR and Schedules 1- 3.
Use these QuickZooms to jump to the entry sections for Schedules 1- 3 on this Worksheet:

Form 1040 or Form 1040SR Worksheet Navigation QuickZooms

QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶
QuickZoom to Schedule 2 — Additional Taxes ▶
QuickZoom to Schedule 3 — Additional Credits and Payments ▶

Form 1040 or Form 1040-SR — Personal Info, Filing Status, Dependent Info

For the year January 1 - December 31, 2020, or other tax year
beginning _____, 2020, ending _____, 20 ____.

Your First Name _____ MI _____ Last Name _____ Your Social Security No. _____
Michael _____ Bickelmeyer _____
If Joint Return, Spouse's First Name _____ MI _____ Last Name _____ Spouse's Social Security No. _____
Home Address (No. and Street). If You Have a P.O. Box, See Instructions. _____ Apt. No. _____
399 Pearl Rd _____
City, Town or Post Office. If you have a foreign address, also complete below. State _____ ZIP Code _____
Brunswick _____ OH 44212-1121
Foreign country name _____ Foreign province/state/county _____ Foreign postal code _____

QuickZoom to explanation statement for overseas extension ▶

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund.
Checking a box will not change your tax or refund. ☐ You ☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest
in any virtual currency? ☐ Yes ☒ No

Filing Status Check only one box.

All entries for filing status and dependents should be made on the Federal Information Worksheet.

- ☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately. Enter spouse's SSN above and full name here. _____
☐ Head of household (with qualifying person). (See instr.) If the qualifying person is a child but
not your dependent, enter the child's name here. ▶ _____
☐ Qualifying widow(er) (See instructions)

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

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for: under age 17 qualifying for 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"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QuickZoom to the Federal Information Worksheet
QuickZoom to the Dependent and Nondependent Information Worksheet . . .

Standard Deduction

<input type="checkbox"/>	Someone can claim you as a dependent
<input type="checkbox"/>	Someone can claim your spouse as a dependent
a Check if:	<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> You were born before January 2, 1956, <input type="checkbox"/> Spouse was born before January 2, 1956, Total boxes checked ▶ a _____</div><div><input type="checkbox"/> Blind. <input type="checkbox"/> Blind.</div></div>
b If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ b <input type="checkbox"/>	

Form 1040 or Form 1040-SR, Lines 1 - 7

1 Wages, salaries, tips, etc. Attach Form(s) W-2		1	54,753.
2 a Tax-exempt interest 2a _____			
b Taxable interest		2b	
3 a Qualified dividends 3a _____			
b Ordinary dividends		3b	
4 a IRA distributions 4a _____			
b Taxable amount		4b	
5 a Pensions and annuities 5a _____			
b Taxable amount		5b	
6 a Social security benefits 6a _____			
b Taxable amount		6b	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. ▶ <input type="checkbox"/>		7	
QuickZoom to Schedule 1 — Additional Income and Adjustments to Income ▶ _____			

Form 1040 or Form 1040-SR, Lines 8 - 11

8 Other income from Schedule 1, line 9		8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶		9	54,753.
10 Adjustments to income:			
a From Schedule 1, line 22 10 a _____			
Enter the smaller of these cash contributions made or \$300 (\$150 if married filing separately) on line 10b below if you take the standard deduction			
b Charitable contributions if you take the standard deduction. 10 b _____			
c Add lines 10a and 10b. These are your total adjustments to income ▶		10 c	712.
11 Subtract line 10c from line 9. This is your adjusted gross income ▶		11	54,041.
			54,041.

Form 1040 or Form 1040-SR, Line 12 — Standard or Itemized Deduction

12 Standard deduction or itemized deductions (from Schedule A) Standard Deduction for — <ul style="list-style-type: none">● People who checked blind or over 65 or who can be claimed as a dependent, see instructions.● All others:<ul style="list-style-type: none">● Single or Married filing separately: \$12,400● Married filing jointly or Qualifying widow(er): \$24,800● Head of household: \$18,650 QuickZoom to the Standard Deduction Worksheet	
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Itemized deductions (from Schedule A) or your standard deduction , see above	12	12,400.
Subtract itemized or standard deduction from adjusted gross income amount		41,641.

Michael Bickelmeyer

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Form 1040 or Form 1040-SR, Lines 13 - 18		
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13	
14 Add lines 12 and 13	14	12,400.
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	41,641.

16 Tax. Check if any from:		
1 <input type="checkbox"/> Form(s) 8814		
2 <input type="checkbox"/> Form 4972		
3 <input type="checkbox"/>		
		4,948.
17 Amount from Schedule 2, line 3.	17	
18 Add lines 16 and 17	18	4,948.
QuickZoom to Schedule 2 - Additional Tax section ▶		

Form 1040 or Form 1040-SR, Line 19 - 24		
19 Child tax credit/credit for other dependents	19	
20 Amount from Schedule 3, line 7.	20	
21 Add lines 19 and 20	21	
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	4,948.
23 Other taxes, including self-employment tax, from Schedule 2, line 10.	23	217.
24 Add lines 22 and 23. This is your total tax ▶	24	5,165.
QuickZoom to Schedule 3 — Additional Credits and Payments ▶		

Form 1040 or Form 1040-SR, Lines 25 - 33		
25 Federal income tax withheld from:		
a Form(s) W-2	25 a	5,239.
b Form(s) 1099	25 b	
c Other forms	25 c	
d Add lines 25a through 25c.	25 d	5,239.
26 2020 estimated tax payments and amount applied from 2019 return	26	
27 Other payments and refundable credits:		
Earned income credit (EIC)	No	
Nontaxable combat pay election		
28 Additional child tax credit. Attach Schedule 8812		
29 American opportunity credit from Form 8863, line 8.		
30 Recovery rebate credit.		
31 Amount from Schedule 3, line 13		
32 Add lines 27 through 31. These are your other payments and refundable credits ▶	32	
33 Add Lines 25d, 26, and 32. These are your total payments ▶	33	5,239.

QuickZoom to Schedule EIC Worksheet, pg. 2 if credit is not calculated. ▶ _____
 QuickZoom to "due diligence checklist" substitute for Form 8867. ▶ _____
 QuickZoom to Schedule 3 — Additional Credits and Payments ▶ _____

Michael Bickelmeyer

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Form 1040 or Form 1040-SR, Lines 34 - 36

Refund:

34	If total Payments is more than total tax, subtract total tax from payments . This is the amount you overpaid	34	74.
35 a	Amount of overpayment you want refunded to you . If Form 8888 is attached, check here. ▶ <input type="checkbox"/>	35	74.
Direct deposit?			
▶ b Routing number			
▶ c Type:			
<input checked="" type="checkbox"/> Checking			
<input type="checkbox"/> Savings			
▶ d Account number			
36	Amount of overpayment on line 34 you want applied to your 2021 estimated tax ▶	36	

Form 1040 or Form 1040SR, Lines 37 and 38

Amount You Owe:

37	Subtract total payments from total tax ▶	37	
Note: Schedule H and Schedule E SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty ▶	38	

QuickZoom to Late Penalties and Interest Worksheet ▶ QuickZoom.

Schedule 1 — Additional Income and Adjustments to Income

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes.	1	
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Alimony Received Smart Worksheet

	Taxpayer	Spouse	Date of divorce/sep	*
A				<input type="checkbox"/>
B				<input type="checkbox"/>

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nontaxable

2 a	Alimony received. Taxpayer _____ Spouse _____	2 a	
b	Date of original divorce or separation agreement ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount: ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 8	9	
Total Income. Combine Form 1040 lines 1- 7 and			

Michael Bickelmeyer

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Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings.	17	

Alimony Paid Smart Worksheet

A	Recipient's name	Recipient's SSN	Date of divorce/sep	*	Alimony paid
B					

* Check the box if the pre-2019 decree was modified after 2018 to treat the payments as nondeductible

18 a	Alimony paid	18 a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement		
19	IRA deduction	19	
20	Student loan interest deduction	20	712.
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21 These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10a	22	712.

Schedule 2 — Additional Taxes**Part I** Tax

1	Alternative minimum tax (see instructions). Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919 Explain underreported tips	5	217.
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7 a	Household employment taxes from Schedule H	7 a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	7 b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A.	9	

10 Add lines 4 through 8. These are your **total other taxes**
Enter here and on Form 1040 or 1040-SR, line 23 10 217.
Total tax (add line 10 and Schedule 3, line 7b) 5,165.

Michael Bickelmeyer

Page 6

Schedule 3 – Additional Credits and Payments

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5	Residential Energy Credit. Attach Form 5695	5	
6	Other credits from Form:		
a	3800		
b	8801		
c			
7	Add lines 1 through 6.	6	
	Enter here and on Form 1040 or 1040-SR, line 20	7	
a	Add line 7 plus child tax/other dep. credit on line 19 above		
b	Subtract total credits on line 7a from tax on line 18 above.		4,948.

Quickzoom to 1040 Worksheet, line 24 – Total Tax QuickZoom. . .

Part II Other Payments and Refundable Credits

8	Net premium tax credit. Attach Form 8962	8	
9	Amount paid with request for extension to file	9	
10	Excess social security and tier 1 RRTA tax withheld	10	
11	Credit for federal tax on fuels. Attach Form 4136	11	
12	Other payments or refundable credits:		
a	Form 2439	12 a	
b	Qualified sick and family leave credits from Schedule(s) H and Form(s) 7202.	12 b	
c	Health coverage tax credit from Form 8885	12 c	
d	Other	12 d	
e	Deferral for certain Schedule H or SE filers	12 e	
f	Add lines 12a through 12e		
13	Total Payments: Part II, lines 8 through 12f, Withholding (Form 1040, line 25d), Estimated Tax Payments (Form 1040, line 26) and Form 1040, lines 27-30. Other Payments and Refundable Credits (Form 1040, line 32).	12 f	
		13	5,239.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No
Designee's Name
Phone Number Personal Identification Number (PIN) . . .

Signature and Paid Preparer

Sign Here

Joint return? See instructions.
Keep a copy of this return 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 accurately list all amounts and sources of income I received during the year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your Signature	Date	Your Occupation	If the IRS sent you an Identity Protection PIN, enter it here
Spouse's Signature. If joint, both must sign.	Date	Security Officer	
		Spouse's Occupation	
Daytime Phone No.		Email Address	
(440) 876-3672			

Paid Preparer's Use Only

Print/Type Preparer's name	Preparer's PTIN	Check if:
Preparer's Signature	Date	<input type="checkbox"/> Self-employed
Firm's Address (or yours if self-employed)	Firm's EIN.	Phone No.
Self-Prepared	State	ZIP Code

Filing Address Information

Send Form 1040 to: You have chosen to electronically file this return.

Name(s) Shown on Return
Michael Bickelmeyer

Your SSN

Line 4b - Adjustment for trade or business income or loss

(a) Activity name	(b) Gain or loss
Enter additional adjustments not included above:	
Adjustment for trade or business income not subject to net investment tax	

Line 5b - Adjustment for gain or loss on dispositions

(a) Activity name	(b) Gain or loss
Capital loss carryover adjustment from 2019 for net investment tax purposes	
Enter additional adjustments not included above and check the box if a capital gain or loss:	
	<input type="checkbox"/>
Net gain or loss from disposition of property not subject to net investment tax	

Capital gain/loss not included in net investment income

(a) Activity name	(b) Capital Gain or Loss
Capital gain or loss from sale of property not subject to net investment income tax	

Calculation of line 5b adjustment due to capital loss carryforward

1	Net capital loss not included in net investment income	1	0.
2	Capital loss carryover to next year	2	
3	Lesser of line 1 or line 2 (Included as an adjustment on line 5b table above). . .	3	0.

Line 7 - Other modifications to investment income

1	Casualty and theft losses reported on Schedule A, line 15.	1	
2	Amounts reported on Form 8814, line 12	2	
3	Adjustment for distributions from estates and trusts	3	
4	Schedules C and F income/loss included in net investment income.	4	
5	Substitute interest and dividend payments	5	
6	Recovery of a prior year deduction	6	
7		7	
8	Total other modifications to investment income	8	

Line 9b - State, local, and foreign income taxes allocable to net investment income

1	State and local income taxes	1	
2	Investment income.	2	
3	Total adjusted gross income	3	
4	Divide line 2 by line 3. Enter result as a decimal amount.	4	
5	State and local income taxes allocable to investment income	5	
6	State and local taxes (Schedule A, line 5e)	6	
7	Lesser of line 5 or line 6	7	
8	Foreign income taxes	8	
9	Foreign income taxes allocable to investment income. Line 8 times line 4.	9	
10	Add lines 7 and 9. State, local and foreign income taxes allocable to investment income	10	

Lines 9 and 10 - Application of Itemized Deduction Limitations Worksheet**Part III - Application of Section 68 to Deductions Properly Allocable to Investment Income**

1	Reserved	1	
2	Enter the amount of state, local, and foreign income taxes that are properly allocable to investment income	2	
3	Enter the amount of other Itemized Deductions subject to the section 68 limitation and properly allocable to investment income before any itemized deduction limitation: <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 400px;"></div>	3	
4	Enter the total deductions properly allocable to investment income subject to the section 68 limitation. Enter the sum of lines 1 through 3.	4	
5	Enter the amount of total itemized deductions allowed after the section 68 limitation. Form 1040, line 12	5	
6	Enter all other itemized deductions allowed but not subject to the section 68 deduction limitation:	6	
7	Subtract line 6 from line 5	7	
8	Enter the lesser of line 7 or line 4	8	

Part IV - Reconciliation of Schedule A Deductions to Form 8960 plus additional expenses, lines 9 and 10

(A)	(B)	(C)
Reenter the amounts and descriptions from Part III, lines 1-3	Fraction (see Help)	Column A times B
Miscellaneous Itemized Deductions properly allocable to Investment Income reportable on Form 8960, line 9c:		
1 Reserved.		
2 State, local, and foreign income taxes.	x	=
Itemized Deductions Subject to Section 68 reportable on Form 8960, line 10:		
3	x	=
	x	=
	x	=
	x	=
Penalty on early withdrawal of savings		
Other modifications:		
Total additional modifications to Form 8960, line 10		

Calculation of Former Passive Activity Suspended Losses Allowed as Deduction Against NII**1) Former Passive Activity Suspended Losses**

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

2) Former Passive Activity Suspended Losses - Schedule D

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

3) Former Passive Activity Suspended Losses - Form 4797

(a) Activity name	(b) Suspended 12/31/2019	(c) Suspended 12/31/2020	(d) Used against activity	(e) Used against other passive

Name(s) Shown on Return
 Michael Bickelmeyer

 Your Social Security No.
 [REDACTED]
Ownership

Owned by (check one):

☒ Taxpayer ☐ Spouse ☐ Joint
Statement Information

RECIPIENT'S/LENDER'S Name		1 Mortgage interest received from payer(s)
Street address		2 Outstanding mortgage principal
City	State ZIP code	3 Mortgage origination date
Telephone number		4 Refund of overpaid interest
RECIPIENT'S federal identification number	PAYER'S social security number	5 Mortgage insurance premiums
PAYER'S/BORROWER'S name		6 Points paid on purchase of principal residence
Street address		8 Address of the property securing this mortgage (if different than your mailing address shown)
City	State ZIP code	Street address
7 The address above is the same as the address of the property securing the mortgage . . . <input type="checkbox"/> (If not, enter the property address in box 8)		City State ZIP code
9 If the property securing the mortgage has no address, provide a description of the property below		
Account number		10 Property tax
		11 Mortgage Acquisition Date

Mortgage Use

- 1 Mortgage was used to finance (check one):
- | | | |
|---|--|---|
| a <input type="checkbox"/> Main home | b <input type="checkbox"/> Second home | c <input type="checkbox"/> Business activity |
| d <input type="checkbox"/> Rental activity | e <input type="checkbox"/> Farm activity | f <input type="checkbox"/> Farm rental activity |
| g <input type="checkbox"/> Royalty activity | h <input type="checkbox"/> Other | |
- 2 If mortgage used to finance main home or second home, **double-click** to link to home mortgage interest worksheet. ▶
- 3 If mortgage used to finance a business, farm, rental activity, royalty activity, or farm rental, **double-click** to link to the activity . . .
- a Schedule C, Business . . .
- b Schedule F, Farm . . .
- c Schedule E, Rental or Royalty . . .
- d Form 4835, Farm Rental . . .

Rental of Owner-Occupied or Vacation Home

- 1 If mortgage was used to finance a rental activity, was the rental an owner-occupied or a vacation home? . . . ☐ Yes ☐ No ☒ NA
- 2 If yes, complete lines 2a and 2b:
- a Mortgage interest qualifying for main or second home treatment . . .
- b Mortgage interest **not** qualifying for main or second home treatment . . .

Mortgage Insurance Premiums Information

- 1 Did the home loan close after December 31, 2006? . . . ☐ Yes ☐ No

- Keep for your records

Part I – Personal Information

Information in Part I is **completely calculated** from entries on Personal Information Worksheets.

First name Michael
Middle initial Suffix
Last name Bickelmeyer
Social security no.
Occupation Security Officer
Date of birth 01/04/1959 (mm/dd/yyyy)
Age as of 1-1-2021 61
Daytime phone (440) 876-3672 Ext
Legally blind
Date of death

First name _____
Middle initial _____
Last name _____ Suffix _____
Social security no. _____
Occupation _____
Date of birth _____ (mm/dd/yyyy)
Age as of 1-1-2021 _____
Daytime phone _____ Ext _____
Legally blind ☐ _____
Date of death ☐ _____

Can taxpayer be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☒ No
If yes, was taxpayer claimed as dependent on that person's return? ☐ Yes ☒ No

Can spouse be claimed as dependent of another person (such as parent)? . . . ☐ Yes ☐ No
If yes, **was** spouse claimed as dependent on that person's return? ☐ Yes ☐ No

Is the taxpayer retired on total and permanent disability? ☐ Yes ☐ No

Is the spouse retired on total and permanent disability? . . ☐ Yes ☐ No

Does the taxpayer want \$3 to go to the Presidential Election Campaign Fund? . . ☐ Yes ☒ No

Does the spouse want \$3 to go to the Presidential Election Campaign Fund? . ☐ Yes ☐ No

Address 399 Pearl Rd
City Brunswick State OH ZIP code . . . 44212-1121
Apt no.
Foreign Address: Check this box to use foreign address ☐
Address
City Apt no.
Foreign code Foreign country
Foreign province/county Foreign postal code

APO/FPO/DPO address, check if appropriate APO ☐ FPO ☐ DPO ☐

Home phone
 Check to print phone number on Form 1040 ☐ Home ☒ Taxpayer daytime ☐ Spouse daytime

Print Form 1040-SR instead of Form 1040 ☐ Yes ☒ No

1 Single

2 Married filing jointly

3 Married filing separately

Check this box if you **did not** live with your spouse at any time during the year. ▶ ☐

4 Head of household

Check this box if you are eligible to claim your spouse's exemption/blind/over age 65 (see Help). ▶ ☐

If the 'qualifying person' is your child but **not** your dependent:

Child's First name _____ MI _____ Last Name _____ Suff _____

Child's social security number . . _____

5 Qualifying widow(er)

Check the appropriate box for the year your spouse died 2018 ▶ ☐ 2019 ▶ ☐

Are you a dependent with a qualifying child Yes ▶ ☐ No ▶ ☐

Enter qualifying person's name:

Child's First name _____ MI _____ Last Name _____ Suff _____

Child's social security number . . _____

Information in Part III is completely calculated from entries on Dependent/Nondependent Info Worksheets.

[illegible]

* "Yes" - qualifies as dependent, "No" - does not qualify as dependent

Part IV – Earned Income Credit Information (you must answer these questions to calculate EIC)

Is the taxpayer or spouse a qualifying child for EIC for another person? ☐ Yes ☐ No
 Was the taxpayer's (and spouse's if married filing jointly) home in the United States for more than half of 2020? ☐ Yes ☐ No
 If the SSN of the taxpayer, or spouse if married filing jointly, was obtained to get a federally funded benefit, such as Medicaid, and the Social Security card contains the legend **Not Valid for Employment**, check this box (see Help) ☐
 Check if you are filing head of household **and** your spouse is a nonresident alien **and** you lived with your spouse during the last six months of 2020 ☐
 Check if you were notified by the IRS that EIC cannot be claimed in 2020 or if you are ineligible to claim the EIC in 2020 for any other reason ☐

Part V – Direct Deposit or Direct Debit Information (not applicable for Form 9465)

Do you want to elect **direct deposit** of any federal tax refund? ☒ Yes ☐ No

Do you want to elect **direct debit** of federal balance due (Electronic filing only)? . . . ☐ Yes ☒ No

If you selected either of the options above, fill out the information below:

Name of Financial Institution (optional) ☐ HUNTINGTON NATIONAL BANK

Check the appropriate box. ☒ Checking ☐ Savings

Routing number. ☐ Account number ☐

Enter the following information only if you are requesting direct debit of balance due:

Enter the payment date to withdraw from the account above ☐
 Balance-due amount from this return ☐

Amended Returns:

Do you want to elect **direct debit** of federal **amended** balance due (e-File only)? . . . ☐ Yes ☐ No

Enter the payment date to withdraw from the account above ☐
 Balance-due amount from this **amended** return ☐

Part VI – Additional Information for Your Federal Return**Standard Deduction/Itemized Deductions:**

Check this box if you are itemizing for state tax or other purposes even though your itemized deductions are less than your standard deduction ☐
 Check this box if you are married filing separately and your spouse itemized deductions ☐
 Check this box to take the standard deduction even if less than itemized deductions ☐

Real Estate Professionals:

Do you or your spouse qualify for the special passive activity rules for taxpayers in real property business? (see Help) ☐ Yes ☐ No

Credit for Qualified Retirement Savings Contributions (Form 8880):

Is the taxpayer a full-time student? ☐ Yes ☐ No
 Is the spouse a full-time student? ☐ Yes ☐ No

American Opportunity and Lifetime Learning Credit (Form 8863)

For 2020, were you (or your spouse if married) a nonresident alien for any part of the year, and did not elect to be treated as a resident alien? ☐ Yes ☐ No

Foreign Tax Credit (Form 1116):

Check this box to file Form 1116 even if you're not required to file Form 1116 ☐
 Resident country ☐ USA

Excludable Income from Am. Samoa, Guam, Commonwealth of the N. Mariana Islands, or Puerto Rico:

Excludable income of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands ☐
 Excludable income from Puerto Rico ☐

Dual Status Alien Return:

Check this box if you are a dual-status alien ☐
 Check this box to print 'DUAL-STATUS STATEMENT' on Form 1040. ☐

Third Party Designee:

Caution: Review transferred information for accuracy.

Do you want to allow another person to discuss this return with the IRS? ☐ Yes ☐ No

If Yes, complete the following:

Third party designee name ☐

Third party designee phone number ☐

Personal Identification number (enter any 5 numbers) ☐

Part VI – Additional Information for Your Federal Return – Continued**Personal Representative for deceased taxpayers:**

Name of personal representative required for E-filed
returns when Form 1310 is not filed or it is not the
surviving spouse ▶ _____

Part VII – State Filing Information**Identity Protection PIN:**

If the IRS sent the taxpayer an Identity Protection PIN, enter it here ▶ _____

If the IRS sent the spouse an Identity Protection PIN, enter it here ▶ _____

Taxpayer:

Enter the taxpayer's state of residence as of December 31, 2020 ▶ OH

Check the appropriate box:

Taxpayer is a resident of the state above for the entire year ▶ ☒ X

Taxpayer is a resident of the state above for only part of year ▶ ☐

Date the taxpayer established residence in state above ▶ _____

In which state (or foreign country) did the taxpayer reside before this change? ▶ _____

Spouse:

Enter the spouse's state of residence as of December 31, 2020 ▶ _____

Check the appropriate box:

Spouse is a resident of the state above for the entire year ▶ ☐

Spouse is a resident of the state above for only part of year ▶ ☐

Date the spouse established residence in state above ▶ _____

In which state (or foreign country) did the spouse reside before this change? ▶ _____

Nonresident states:

Nonresident State(s)	Taxpayer/Spouse/Joint

Check this box if you are in a Registered Domestic Partnership or a civil union ▶ ☐

If you checked the box on the line above, also check the appropriate box below:

Check if this is your individual federal return you are filing with the IRS ▶ ☐

Check if this is the joint return created to file joint state tax return (see Help) ▶ ☐

Use the PIN that you signed last year's tax return with.

Taxpayer's Prior year PIN

Spouse's Prior year PIN

These signature PINs are chosen by the taxpayer and spouse and used for e-filing your tax return

Taxpayer's PIN used to sign the return 19381

Spouse's PIN used to sign the return

Taxpayer:

Drivers license or state ID number RP866266

Issued by what state

OH

License or ID

license . ☒

ID . ☐

neither . ☐

decline . ☐

Spouse

Drivers license or state ID number

Issued by what state

License or ID

license . ☐

ID . ☐

neither . ☐

decline . ☐

**Personal Information Worksheet
For the Taxpayer**

2020

► Keep for your records

QuickZoom to another copy of Personal Information Worksheet ►
QuickZoom to Federal Information Worksheet ►

Part I – Taxpayer's Personal Information

First name . . . Michael Middle initial . . . Last name . . . Bickelmeyer
Social security no. . . Suffix
Member of U.S. Armed Forces in 2020? . . ☐ Yes ☒ No
Date of birth 01/04/1959 (mm/dd/yyyy) age as of 1-1-2021 61
Occupation Security Officer Daytime phone (440) 876-3672 Ext
Marital status . . . Single
If widowed, check the appropriate box for the year your spouse died:
After 2020 ► ☐ 2020 . ► ☐ 2019 . ► ☐ 2018 . ► ☐ Before 2018 . ► ☐
Are you retired on total and permanent disability? (for Schedule R, see Help). ► ☐ Yes ☐ No
Check if this person is legally blind ► ☐ Yes ☒ No
If deceased, enter the date of death ► (mm/dd/yyyy)
Were you under the age of 16 as of 1-1-2021 and this is the first year you
are filing a tax return? ► ☐ Yes ☐ No
Language in which you want the IRS to communicate with you ►
Do you want \$3 to go to Presidential Election Campaign Fund? ► ☐ Yes ☒ No

Part II – Questions for Individuals Who Could Be Or Are Dependents of Another Taxpayer

- 1 Can someone (such as your parent) claim you as a dependent? ► ☐ Yes ☒ No
2 If you answered 'Yes' to question 1, are you actually claimed as a dependent
on that person's tax return? ► ☐ Yes ☒ No
*Questions 3 through 5 are only required for individuals who claim the
American Opportunity Credit.*
3 Were you a full-time student during any part of five months during 2020? ► ☐ Yes ☐ No
4 Did your earned income exceed one-half of your support? ► ☐ Yes ☐ No
5 Was at least one of your parents alive on December 31, 2020? ► ☐ Yes ☐ No

Part III – Taxpayer's State Residency Information

Enter this person's state of residence as of December 31, 2020 OH
Check the appropriate box:
This person is a resident of the state above for the entire year ☒
This person is a resident of the state above for only part of year ☐
Date this person established residence in state above ►
In which state (or foreign country) did this person reside before this change? ►

Part IV – Dependent Care Expenses

Qualified dependent care expenses incurred and paid for this person in 2020
Unreimbursed medical expenses paid for qualifying person in 2020
Employment taxes paid for dependent care providers in 2020
Full-time student for 5 calendar months during 2020? ► ☐ Yes ☐ No
Disabled person who was not physically or mentally capable of self-care? ► ☐ Yes ☐ No
This person is a qualifying person for the child and dependent care credit ► ☐ Yes ☒ No

► Keep for your records

Name(s) Shown on Return

Michael Bickelmeyer

Social Security Number

Form W-2 Summary

Box No.	Description	Taxpayer	Spouse	Total
1	Total wages, tips and compensation:			
	Non-statutory & statutory wages not on Sch C . . .	51,913.		51,913.
	Statutory wages reported on Schedule C			
	Foreign wages included in total wages.			
	Unreported tips.	2,840.		2,840.
2	Total federal tax withheld	5,239.		5,239.
3 & 7	Total social security wages/tips	51,914.		51,914.
4	Total social security tax withheld	3,218.		3,218.
5	Total Medicare wages and tips	51,913.		51,913.
6	Total Medicare tax withheld	753.		753.
8	Total allocated tips			
9	Not used			
10 a	Total dependent care benefits			
b	Offsite dependent care benefits			
c	Onsite dependent care benefits			
11	Total distributions from nonqualified plans			
12 a	Total from Box 12	3,834.		3,834.
b	Elective deferrals to qualified plans			
c	Roth contrib. to 401(k), 403(b), 457(b) plans			
d	Deferrals to government 457 plans			
e	Deferrals to non-government 457 plans			
f	Deferrals 409A nonqual deferred comp plan			
g	Income 409A nonqual deferred comp plan			
h	Uncollected Medicare tax			
i	Uncollected social security and RRTA tier 1			
j	Uncollected RRTA tier 2			
k	Income from nonstatutory stock options			
l	Non-taxable combat pay			
m	QSEHRA benefits			
n	Total other items from box 12	3,834.		3,834.
14 a	Total deductible mandatory state tax			
b	Total deductible charitable contributions			
c	This line does not apply to TurboTax			
d	Total RR Compensation			
e	Total RR Tier 1 tax			
f	Total RR Tier 2 tax			
g	Total RR Medicare tax			
h	Total RR Additional Medicare tax			
i	Total RRTA tips.			
j	Total other items from box 14			
k	Total sick leave subject to \$511 limit			
l	Total sick leave subject to \$200 limit			
m	Total emergency family leave wages			
16	Total state wages and tips	51,913.		51,913.
17	Total state tax withheld	1,238.		1,238.
19	Total local tax withheld	583.		583.

Name
Michael BickelmeyerSocial Security Number
[REDACTED]**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED]
 b Employer ID number (EIN). . . 46-2066716
 c Employer's name, address, and ZIP code
 THEATRE PIZZA INC

Street 19 E MAIN ST - SUITE 105
 City NORWALK
 State OH ZIP Code 44857

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number . _____

**Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Michael M.I. _____
 Last Bickelmeyer Suff. _____
 f Employee's address and ZIP code
 Street 399 Pearl Rd
 City Brunswick
 State OH ZIP Code 44212-1121
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
 1,836.39

3 Social security wages
 1,035.01

5 Medicare wages and tips
 1,836.39

7 Social security tips
 801.38

Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld
 139.03

4 Social security tax withheld
 113.03

6 Medicare tax withheld
 26.63

8 Allocated tips

9 [REDACTED]

10 Dependent care benefits

11 Nonqualified plans

Distributions from sect. 457 and nonqualified plans (Important, see Help)

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax .	_____
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax .	_____
_____	_____	P: Double-click to link to Form 3903, line 4 . . .	_____
_____	_____	R: Enter MSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
_____	_____	W: Enter HSA contribution for Taxpayer . . .	_____
_____	_____	Spouse	_____
		G: <input type="checkbox"/> Employer is not a state or local government	

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	52801478	1,836.39	16.16
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
OH STROG	1,836.39	36.72	OH
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Michael BickelmeyerSocial Security Number
[REDACTED]**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED]
b Employer ID number (EIN). . . 81-4385678
c Employer's name, address, and ZIP code
 VERELL INC

Street 19 E Main street
 City norwalk
 State OH ZIP Code 44857

Foreign Province

Foreign Postal Code

Foreign Country

d Control number
☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Michael M.I. _____
 Last Bickelmeyer Suff. _____
f Employee's address and ZIP code
 Street 399 Pearl Rd
 City Brunswick
 State OH ZIP Code 44212-1121
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
11,624.41**3** Social security wages
5,906.27**5** Medicare wages and tips
11,624.41**7** Social security tips
5,718.14Enter unreported tips in **Part VII** on Page 2 below.**2** Federal income tax withheld
1,008.54**4** Social security tax withheld
720.71**6** Medicare tax withheld
168.55**8** Allocated tips**9****11** Nonqualified plans**12** Enter box 12 below

☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

10 Dependent care benefits

Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:
		A: Enter amount attributable to RRTA Tier 2 tax
		M: Enter amount attributable to RRTA Tier 2 tax
		P: Double-click to link to Form 3903, line 4
		R: Enter MSA contribution for Taxpayer
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	54060547	11,624.41	165.85

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
OH MIDHT	11,624.41	232.49	OH

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)

Name
Michael BickelmeyerSocial Security Number
[REDACTED]**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED]
b Employer ID number (EIN). . . 82-0957675
c Employer's name, address, and ZIP code
MILE HIGH PIZZA COMPANY LLC

Street 9087 ichabod ave
 City north ridgeville
 State OH ZIP Code 44039

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number . _____☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Michael M.I. _____
 Last Bickelmeyer Suff. _____
f Employee's address and ZIP code
 Street 399 Pearl Rd
 City Brunswick
 State OH ZIP Code 44212-1121
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
5,612.59

3 Social security wages
2,744.53

5 Medicare wages and tips
5,612.59

7 Social security tips
2,868.06

▶ Enter unreported tips in **Part VII** on Page 2 below.

2 Federal income tax withheld
479.80

4 Social security tax withheld
347.98

6 Medicare tax withheld
81.38

8 Allocated tips _____

9 _____**11** Nonqualified plans _____**12** Enter box 12 below _____

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

10 Dependent care benefits

Distributions from sect. 457
 and nonqualified plans
 (Important, see Help)

Box 12
Code**Box 12**
Amount

If Box 12 code is:

A: Enter amount attributable to RRTA Tier 2 tax . _____

M: Enter amount attributable to RRTA Tier 2 tax . _____

P: Double-click to link to Form 3903, line 4 _____

R: Enter MSA contribution for Taxpayer _____

Spouse _____

W: Enter HSA contribution for Taxpayer _____

Spouse _____

G: ☐ Employer is **not** a state or local government**Box 15**
State**Box 15**
Employer's state I.D. number**Box 16**

State wages, tips, etc.

Box 17

State income tax

OH54068815,612.5985.93I confirm that the state withholding identification number(s) are accurate ☐**Box 20**
Locality name**Box 18**
Local wages, tips, etc.**Box 19**
Local income taxAssociated
StateOH MIDDLEBURG HE2,448.2148.97OH**Box 14**
Description or Code
on Actual Form W-2

Amount

TurboTax Identification of Description or Code
(Identify this item by selecting the identification from
the drop down list. If not on the list, select "Other".)

Name
Michael BickelmeyerSocial Security Number
[REDACTED]☐**Spouse's W-2****Do not transfer this W-2 to next year****Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED]
b Employer ID number (EIN). . . 34-1880985
c Employer's name, address, and ZIP code
 TRUE NORTH HOLDINGS INC
 Street 5565 AIRPORT HIGHWAY
 City TOLEDO
 State OH ZIP Code 43615

 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____
d Control number . _____
☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Michael M.I. _____
 Last Bickelmeyer Suff. _____
f Employee's address and ZIP code
 Street 399 Pearl Rd
 City Brunswick
 State OH ZIP Code 44212-1121
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 80.00
3 Social security wages 80.00
5 Medicare wages and tips 80.00
7 Social security tips

Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld 40.00
4 Social security tax withheld 4.96
6 Medicare tax withheld 1.16
8 Allocated tips

9 [REDACTED]**11** Nonqualified plans**12** Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

10 Dependent care benefits

Distributions from sect. 457 and nonqualified plans (Important, see Help)

Box 12 Code	Box 12 Amount	If Box 12 code is:	
_____	_____	A:	Enter amount attributable to RRTA Tier 2 tax . _____
_____	_____	M:	Enter amount attributable to RRTA Tier 2 tax . _____
_____	_____	P:	Double-click to link to Form 3903, line 4 . . . _____
_____	_____	R:	Enter MSA contribution for Taxpayer _____
_____	_____		Spouse _____
_____	_____	W:	Enter HSA contribution for Taxpayer _____
_____	_____		Spouse _____
_____	_____	G:	<input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	525267753	80.00	31.48
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
OH 780 STRONGSV	80.00	1.60	OH
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Michael BickelmeyerSocial Security Number
[REDACTED]**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED]
 b Employer ID number (EIN). . . 56-0515447
 c Employer's name, address, and ZIP code
 UNIVERSAL PROTECTION SERVICE LLC
 Street 161 WASHINGTON STREET SUITE600
 City CONSHOHOCKEN
 State PA ZIP Code 19428

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number .0000347233WJO

**Transfer employee information from
the Federal Information Worksheet**

e Employee's name
 First MICHAEL M.I. _____
 Last BICKELMEYER Suff. _____
 f Employee's address and ZIP code
 Street 399 PEARL RD.
 City BRUNSWICK
 State OH ZIP Code 44212
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation 19,599.98
 3 Social security wages 19,599.98
 5 Medicare wages and tips 19,599.98
 7 Social security tips

2 Federal income tax withheld 2,358.83
 4 Social security tax withheld 1,215.22
 6 Medicare tax withheld 284.31
 8 Allocated tips

Enter unreported tips in Part VII on Page 2 below.

9 [REDACTED]

10 Dependent care benefits

Distributions from sect. 457
and nonqualified plans
(Important, see Help)

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
_____	_____	A: Enter amount attributable to RRTA Tier 2 tax .
_____	_____	M: Enter amount attributable to RRTA Tier 2 tax .
_____	_____	P: Double-click to link to Form 3903, line 4 . . .
_____	_____	R: Enter MSA contribution for Taxpayer . . .
_____	_____	Spouse
_____	_____	W: Enter HSA contribution for Taxpayer
_____	_____	Spouse
_____	_____	G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	54004475 7	19,599.98	775.89
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name
Michael BickelmeyerSocial Security Number
[REDACTED]**Spouse's W-2**
Do not transfer this W-2 to next year**Military:** Complete **Part VI** on Page 2 below.

a Employee's social security no. [REDACTED]
 b Employer ID number (EIN) . . . 46-3137402
 c Employer's name, address, and ZIP code
 CLEVELAND STRONGSVILLE HOSPITA

Street 255 SPRING ST
 City SAYRE
 State PA ZIP Code 18840

Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

d Control number . _____

☒ **Transfer employee information from the Federal Information Worksheet**

e Employee's name
 First Michael M.I. _____
 Last Bickelmeyer Suff. _____
 f Employee's address and ZIP code
 Street 399 Pearl Rd
 City Brunswick
 State OH ZIP Code 44212-1121
 Foreign Province _____
 Foreign Postal Code _____
 Foreign Country _____

1 Wages, tips, other compensation
 13,160.49
 3 Social security wages
 13,160.49
 5 Medicare wages and tips
 13,160.49
 7 Social security tips

Enter unreported tips in Part VII on Page 2 below.

2 Federal income tax withheld
 1,212.23
 4 Social security tax withheld
 815.95
 6 Medicare tax withheld
 190.83
 8 Allocated tips

9 [REDACTED]

10 Dependent care benefits
 Distributions from sect. 457 and nonqualified plans (Important, see Help)

11 Nonqualified plans

12 Enter box 12 below

13 ☐ Statutory employee
☐ Retirement plan
☐ Third-party sick pay

14 Enter box 14 below **after** entering boxes 18, 19, and 20.
NOTE: Enter box 15 **before** entering box 14.

Box 12 Code	Box 12 Amount	If Box 12 code is:
DD	3,833.64	A: Enter amount attributable to RRTA Tier 2 tax .
		M: Enter amount attributable to RRTA Tier 2 tax .
		P: Double-click to link to Form 3903, line 4 . . .
		R: Enter MSA contribution for Taxpayer . . .
		Spouse
		W: Enter HSA contribution for Taxpayer
		Spouse
		G: <input type="checkbox"/> Employer is not a state or local government

Box 15 State	Box 15 Employer's state I.D. number	Box 16 State wages, tips, etc.	Box 17 State income tax
OH	52805696	13,160.49	162.88

I confirm that the state withholding identification number(s) are accurate ☐

Box 20 Locality name	Box 18 Local wages, tips, etc.	Box 19 Local income tax	Associated State
STRONGSVILL	13,160.49	263.25	OH

Box 14 Description or Code on Actual Form W-2	Amount	TurboTax Identification of Description or Code (Identify this item by selecting the identification from the drop down list. If not on the list, select "Other".)

Name

Michael Bickelmeyer

Employer's Name

CLEVELAND STRONGSVILLE HOSPITA

Page 2

Additional Information**Part I – Foreign Income**

- 1 ☐ The income reported on this W-2 is from a foreign source and is eligible to be excluded on Form 2555

Part II – Electronic Filing

Complete if you are filing this return electronically.

- 2 a ☐ This W-2 is "non-standard" (handwritten, typewritten, altered in any way, or used to e-file based on a completed 4852. See "Substitute Form W-2 Smart Worksheet" below.)
- b ☐ This W-2 is a corrected W-2

Part III – Statutory Employees

Complete if box 13 Statutory employee box is checked.

- 3 Will you be deducting any expenses in connection with this income? Yes ☐ No ☐
- 4 If so, select the copy of Schedule C you want to report this income on (double-click)

Part IV – Dependent Care Benefits

Complete if box 10 of this W-2 has an entry.

- 5 Did this employer hire an on-staff care provider or furnish dependent care at your workplace? Yes ☐ No ☐
- 6 Enter any amounts forfeited from a flexible spending account

Part V – Clergy, Church Employees, Members of Recognized Religious Sects

Complete if this W-2 is for clergy, church employment, or for a member of a recognized religious sect.

Clergy only:

- 7 a Enter your designated housing or parsonage allowance
- b Enter the smallest of (a) your designated housing or parsonage allowance, (b) amount spent on qualifying housing expenses, or (c) fair rental value
- If no FICA was withheld, check box c, d, e, or f below as appropriate

- c ☐ Pay self-employment tax on housing or parsonage allowance only
- d ☐ Pay self-employment tax on W-2 income only
- e ☐ Pay self-employment tax on both W-2 income and housing allowance
- f ☐ Exempt from self-employment tax and have an approved exemption Form 4361

Non-clergy:

If no FICA was withheld, check box a or b below as appropriate

- 8 a ☐ Pay self-employment tax on this W-2 income
- b ☐ Exempt from SE tax and have an approved exemption Form 4029

☐ Social Security and Medicare taxes have been withheld**Part VI – Military**

- 9 a ☐ Active duty military pay
- b ☐ Non-taxable combat pay (From box 12, Code Q)

Part VII – Unreported Tip Income

- 10 a Tips \$20 or more in a month which were not reported to employer 2,840.00
- b Tips less than \$20 in a month which were not required to be reported
- c Value of non-cash tips, such as tickets or passes, not reported to employer
- d Actual amount of allocated tips if different than the amount in box 8
- e Tips paid out by you through a tip-sharing arrangement
- f ☐ Employer is a federal, state, or local government and tips are only subject to Medicare tax

Part VIII – Inmate in a Penal Institution

- 11 a Pay from work performed while an inmate or while in a work release or halfway house ☐

Part IX – Paid Family Leave

- 12 a Income from Paid Family Leave ☐

Wages, Salaries, & Tips Worksheet

► Keep for your records

2020

Name(s) Shown on Return
Michael Bickelmeyer

Social Security Number
[REDACTED]

The following amounts are included in the total entered on line 1 of Form 1040 or on line 8 of Form 1040NR:

	Taxpayer	Spouse	Total
1 Wages, from Form W-2	51,913.		51,913.
2 Miscellaneous income, from Form 8919			
3 Items from Form 1099-R:			
a Disability before minimum retirement age			
b Return of contributions			
4 Excess reimbursement, from Form 2106			
5 a Taxable tips, from Form 4137.	2,840.		2,840.
b Noncash tips			
6 Excess moving expense reimbursement, from Form 3903			
7 Wages earned as a household employee (if less than \$2,100 and without a Form W-2)			
8 Items not on Form W-2 or Form 1099-R:			
a Sick pay or disability payments			
b Total foreign source income			
c Check this box if the amount on line 8b is eligible for the foreign exclusion/deduction . ►	<input type="checkbox"/>	<input type="checkbox"/>	
d Ordinary income from employer stock transactions not reported on Form W-2			
9 Other earned income:			
a Non-gov unemployment received/repaid 2020			
b			
10 Subtotal.			
Add lines 1 through 9	54,753.		54,753.
11 Taxable employer-provided dependent care benefits, from Form 2441			
12 Taxable employer-provided adoption benefits less any excluded benefits from Form 8839			
13 Scholarship/fellowship income not on Form W-2.			
14 Other non-earned income:			
15 Total of lines 10 through 14.	54,753.		54,753.

► Keep for your records

Name(s) Shown on Return

Michael Bickelmeyer

Social Security Number

		Regular Tax	Alternative Minimum Tax																								
If you are not reporting a gain on Form 4797, line 7, skip lines 1 through 9 and go to line 10.																											
1	If you have a section 1250 property in Part III of Form 4797 for which you made an entry in Part I of Form 4797 (but not Form 6252), enter the smaller of line 22 or line 24 of Form 4797 for that property. If you did not have any such property, go to line 4.	1																									
2	Enter the amount from Form 4797, line 26g, for the property for which you made an entry on line 1	2																									
3	Subtract line 2 from line 1	3																									
4	Enter the total unrecaptured section 1250 gain included on lines 26 or 37 of Form(s) 6252 from installment sales of trade or business property held more than one year	4																									
5	Enter the total of any amounts reported on a Schedule K-1 from a partnership or an S corporation as "unrecaptured section 1250 gain".	5																									
6	Add lines 3 through 5	6																									
7	Enter the smaller of line 6 or the gain from Form 4797, line 7	7																									
8	Enter the amount, if any, from Form 4797, line 8	8																									
9	Subtract line 8 from line 7. If zero or less, enter -0-	9																									
10	Enter the amount of any gain from sale of an interest in a partnership attributable to unrecaptured section 1250 gain.	10																									
11	Enter the total of any amounts reported to you as "unrecaptured section 1250 gain" from an estate, trust, real estate investment trust or mutual fund																										
	<table border="1"><thead><tr><th></th><th>Regular</th><th>AMT</th></tr></thead><tbody><tr><td>a On Form 1099-DIV</td><td></td><td></td></tr><tr><td>b On Form 2439</td><td></td><td></td></tr><tr><td>c On Schedule(s) K-1</td><td></td><td></td></tr><tr><td>d On Form 1099-R</td><td></td><td></td></tr><tr><td>e From Form 8814</td><td></td><td></td></tr><tr><td>f Other.</td><td></td><td></td></tr><tr><td>Total</td><td></td><td></td></tr></tbody></table>		Regular	AMT	a On Form 1099-DIV			b On Form 2439			c On Schedule(s) K-1			d On Form 1099-R			e From Form 8814			f Other.			Total				
	Regular	AMT																									
a On Form 1099-DIV																											
b On Form 2439																											
c On Schedule(s) K-1																											
d On Form 1099-R																											
e From Form 8814																											
f Other.																											
Total																											
12	Enter the total of any unrecaptured section 1250 gain from sales (including installment sales) or other dispositions of section 1250 property held more than 1 year for which you did not make an entry in Part I of Form 4797 for the year of sale	12																									
13	Add lines 9 through 12.	13																									
14	If you had any section 1202 gain or collectibles gain or (loss), enter the total of lines 1 thru 4 of the 28% Rate Gain Worksheet . Otherwise, enter -0-	14	0.																								
15	Enter the (loss), if any, from Schedule D, line 7. If Schedule D, line 7, is zero or a gain, enter -0-	15	0.																								
16	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code D	16																									
a	Enter your capital gain excess, if you are filing Form 2555.	a	0.																								
17	Combine lines 14 through 16a. If the result is a (loss), enter it as a positive amount. If the result is zero or a gain, enter -0-	17	0.																								
18	Unrecaptured section 1250 gain. Subtract line 17 from line 13. If zero or less, enter -0-. If more than zero, enter the result here and on Schedule D, line 19.	18	0.																								

Schedule D
Line 18

28% Rate Gain Worksheet

► Keep for your records

2020

Name(s) Shown on Return
Michael Bickelmeyer

Social Security Number
[REDACTED]

		Regular Tax	Alternative Minimum Tax																																				
1	Enter the total of all collectibles gain or (loss) from items you reported on Form 8949, Part II																																						
2	Enter as a positive number the amount of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 50% of the gain, plus 2/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 60% of the gain, plus 1/3 of any section 1202 exclusion you reported in column (g) of Form 8949, Part II, with code "Q" in column (f), that is 75% of the gain.																																						
	<table border="0"> <tr> <td></td> <td>50 %</td> <td>60 %</td> <td>75%</td> </tr> <tr> <td></td> <td>Exclusion</td> <td>Exclusion</td> <td>Exclusion</td> </tr> <tr> <td>a</td> <td>Schedule D . . .</td> <td></td> <td></td> </tr> <tr> <td>b</td> <td>Form 8814 . . .</td> <td></td> <td></td> </tr> <tr> <td>c</td> <td>Schedule B . . .</td> <td></td> <td></td> </tr> <tr> <td>d</td> <td>Form 6252 . . .</td> <td></td> <td></td> </tr> <tr> <td>e</td> <td>Form 2439 . . .</td> <td></td> <td></td> </tr> <tr> <td>f</td> <td>Other</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> <td></td> </tr> </table>		50 %	60 %	75%		Exclusion	Exclusion	Exclusion	a	Schedule D . . .			b	Form 8814 . . .			c	Schedule B . . .			d	Form 6252 . . .			e	Form 2439 . . .			f	Other				Total				
	50 %	60 %	75%																																				
	Exclusion	Exclusion	Exclusion																																				
a	Schedule D . . .																																						
b	Form 8814 . . .																																						
c	Schedule B . . .																																						
d	Form 6252 . . .																																						
e	Form 2439 . . .																																						
f	Other																																						
	Total																																						
3	Enter the total of all collectibles gain or (loss) from:																																						
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>Form 4684, line 4 (but only if line 15 is more than zero)</td> <td></td> </tr> <tr> <td>b</td> <td>Form 6252</td> <td></td> </tr> <tr> <td>c</td> <td>Form 6781, Part II</td> <td></td> </tr> <tr> <td>d</td> <td>Form 8824</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	Form 4684, line 4 (but only if line 15 is more than zero)		b	Form 6252		c	Form 6781, Part II		d	Form 8824			Total																					
	Regular	AMT																																					
a	Form 4684, line 4 (but only if line 15 is more than zero)																																						
b	Form 6252																																						
c	Form 6781, Part II																																						
d	Form 8824																																						
	Total																																						
4	Enter the total of any collectibles gain reported to you on:																																						
	<table border="0"> <tr> <td></td> <td>Regular</td> <td>AMT</td> </tr> <tr> <td>a</td> <td>Form 1099-DIV, box 2d . . .</td> <td></td> </tr> <tr> <td>b</td> <td>Form 2439, box 1d</td> <td></td> </tr> <tr> <td>c</td> <td>Schedule K-1 from a partnership, S corporation, estate, or trust</td> <td></td> </tr> <tr> <td>d</td> <td>Disposition of interest in partnership or S corporation</td> <td></td> </tr> <tr> <td>e</td> <td>Other</td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> </tr> </table>		Regular	AMT	a	Form 1099-DIV, box 2d . . .		b	Form 2439, box 1d		c	Schedule K-1 from a partnership, S corporation, estate, or trust		d	Disposition of interest in partnership or S corporation		e	Other			Total																		
	Regular	AMT																																					
a	Form 1099-DIV, box 2d . . .																																						
b	Form 2439, box 1d																																						
c	Schedule K-1 from a partnership, S corporation, estate, or trust																																						
d	Disposition of interest in partnership or S corporation																																						
e	Other																																						
	Total																																						
5	Enter your long-term capital loss carryovers from Schedule D, line 14, and Schedule K-1 (Form 1041), line 11, code C																																						
6	If Schedule D, line 7, is a (loss), enter that (loss) here. Otherwise, enter -0-																																						
7	Combine lines 1 through 6. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 18																																						
8	Enter the amount of any capital gain excess		0.																																				
9	Subtract line 8 from line 7. If zero or less, enter -0-. Enter this amount on Schedule D Tax Worksheet, line 11a	0.	0.																																				

Name(s) Shown on Return
Michael BickelmeyerSocial Security Number
[REDACTED]

1 a	Enter your taxable income from Form 1040, line 15	1 a	41,641.
b	Enter amount on line 2c of your (and spouse's) Foreign Earned Income Tax Wksht.	b	
c	Add lines 1a and 1b	1 c	41,641.
2 a	Enter your qualified dividends from Form 1040, line 3a	2 a	
b	Enter any capital gain excess attributable to qualified dividends	b	
c	Subtract line 2b from line 2a	2 c	
3	Amount from Form 4952, line 4g	3	
4 a	Amount from Form 4952, line 4e	4 a	
b	Amount from the dotted line next to Form 4952, line 4e	b	
c	Line 4b, if applicable, 4a, if not	c	
5	Subtract line 4c from line 3	5	0.
6	Subtract line 5 from line 2c. If zero or less, enter -0-	6	0.
7 a	Enter line 15 of Schedule D	7 a	
b	Enter line 16 of Schedule D	b	
c	Enter the smaller of line 7a or line 7b	7 c	0.
8	Enter the smaller of line 3 or line 4c	8	
9 a	Subtract line 8 from line 7	9 a	0.
b	Enter any capital gain excess attributable to capital gains	b	
c	Subtract line 9b from line 9a	9 c	0.
10	Add lines 6 and 9c	10	0.
11 a	Enter the amount from Schedule D, line 18	11 a	0.
b	Enter the amount from Schedule D, line 19	b	
c	Add lines 11a and 11b	11 c	0.
12	Enter the smaller of line 9c or line 11c	12	0.
13	Subtract line 12 from line 10	13	0.
14	Subtract line 13 from line 1c. If zero or less, enter -0-	14	41,641.
15	Enter: • \$40,000 if single or married filing separately, • \$80,000 if married filing jointly or qualifying widow(er), or • \$53,600 if head of household.	15	40,000.
16	Enter the smaller of line 1c or line 15	16	40,000.
17	Enter the smaller of line 14 or line 16	17	40,000.
18	Subtr in 10 from ln 1c. If zero or less, enter -0-	18	41,641.
19	Enter the smaller of line 1c or: • \$163,300 if single or married filing sep, • \$326,600 if MFJ or qual widow(er), or • \$163,300 if head of household.	19	41,641.
20	Enter the smaller of line 14 or line 19	20	41,641.
21	Enter the larger of line 18 or line 20	21	41,641.
22	Subtract line 17 from line 16. This amount is taxed at 0%	22	0.
If lines 1c and 16 are the same, skip lines 23 through 43 and go to line 44. Otherwise, go to line 23.			
23	Enter the smaller of line 1c or line 13	23	0.
24	Enter the amount from line 22 (if line 22 is blank, enter -0-)	24	0.
25	Subtract line 24 from line 23. If zero or less, enter -0-	25	0.
26	Enter: • \$441,450 if single, • \$248,300 if married filing separately, • \$496,600 if married filing jointly or qualifying widow(er), or • \$469,050 if head of household.	26	441,450.
27	Enter the smaller of line 1c or line 26	27	41,641.
28	Add lines 21 and 22	28	41,641.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the smaller of line 25 or line 29	30	0.
31	Multiply line 30 by 15% (0.15)	31	0.
32	Add lines 24 and 30	32	0.
If lines 1 and 32 are the same, skip lines 33 through 43 and go to line 44. Otherwise, go to line 33			
33	Subtract line 32 from line 23	33	0.
34	Multiply line 33 by 20% (0.20)	34	0.
If Schedule D, line 19, is zero or blank, skip lines 35 through 40 and go to line 41. Otherwise, go to line 35.			
35	Enter the smaller of line 9c above or Schedule D, line 19	35	
36	Add lines 10 and 21	36	
37	Enter the amount from line 1c above	37	