<sup>Form</sup> 1040A		ent of the Treasury Individual			OFFERING (OO)	201	6 IDS Head	Only Do r	ot write	or staple in th	is snace
רוטדטו	0.0.	marviduai	IIICOIIIC	I GLA ITI	starr (33)	201	0 110 086 (	Jiny Do i	STREET, VALUE OF STREET, STREE	IB No. 1545-00	Contraction of the Contraction o
						- 1	8	V		ial escurity n	
								ا د		<b>~</b>	
								Sı	ouse's	s social securi	ity no.
I	MICHAEL 1	BICKELME	YER							e sure the SSN(s) on line 6c are corre	
	399 PEAR BRUNSWIC	L ROAD K OH 442	12					Ci fil Ci yo	neck her	e if you, or your s y, want \$3 to go to a box below will n	pouse if this fund.
	1	X Single	***************************************			4	Head of househ				
Filing status	2	Married filing	jointly (even if	only one h	nad income)		If the qualifying			t not your depe	endent,
Check only	, 3	Married filing	separately. Er	nter spouse	's SSN above	)	enter this child's				
one box.		and full name				5	Qualifying widov	v(er) with de	pender	nt child (see ins	tructions)
Exemp	tions <sup>6a</sup>	X Yourself. If	someone car	n claim you	as a depend	ent, do no	t check box 6a.			Boxes checked on 6a and 6b	1
	b	Spouse								- No. of children	n
	C	Dependents:			(2) Depende security		(3) Depende relationshi	nt's und	/if child er age 17 ifying fo ld tax cr.	on 6c who:	
If more -	(1) Fi	rst name	Last name	e	-		to you	(50	e inst.)	_	
than six depend-					<u> </u>				+	<ul> <li>did not live</li> <li>with you due</li> </ul>	
ents, see									+-	to divorce or separation (see inst.)	
inst.					-					(see mail) Dependents	With the second
	.,						<u> </u>		_	on 6c not entered above	e
-											
-	d	Total number	of evernations	e claimed			1		L	Add numbers on lines above	1
I		TOTAL HUTTIDGE	OI EXCITIPATOR	3 Gidii iloo.		appearance of the Original Control of the Original Con					
Incom	e 7	Wages, salari	es, tips, etc. A	ttach Form	(s) W-2.				7		39,213
Attach	Acabidhad										
Form(s) W-2 here	88								8a		
Also atta						3	b				
Form(s)	4/5				B if required.				9a		
if tax was		Qualified dividends (see instructions). 9b							- 40		
AITHIGIG	10	Capital gain o	distributions (s	ee instruct					10		-
If you did	not 11a	a IRA			11b	Taxable a			11b		
get a W-	2, see —	distributions.			40h	(see instru Taxable a			110		
instruction	ns. 12				12b	(see instru			12b		
		annuities.	12a			(966 1198)	10001107.				
	13	Unemplovme	ent compensat	tion and Al	aska Permane	ent Fund di	vidends.		13		
	14		-			Taxable a					
	• • •	benefits.	14a			(see instri	uctions).		14b		
•	-	Deriono.				alaan ya ka					
	<b>4</b> 15	Add lines 7 t	hrough 14b (f	ar right col	umn). This is	your total	income.		15		39,213
Adjus		Educator exi	penses (see ir	nstructions)			16				
gross	)	IRA deduction (see instructions). 17							0		
HUUII	18		interest dedu		instructions).		18	25	4		
	-						40				
	19	Tuition and	fees. Attach F	orm 8917.	mur tatal adi	inetmente	19		20		254
	20	Add lines 16	through 19.	nese are	Jour Lotal au	inonitatire.					
	2	1 Subtract line	e 20 from line	15. This is	your <b>adjuste</b>	d gross in	come.	l	21	_ 46	38,959

40404 (0040)	BICKELMEYER		Page 2				
Form 1040A (2016)		22	38,959				
Tax. credits.							
and	23a Check You were born before Jan. 2, 1952, Blind Total boxes if: Spouse was born before Jan. 2, 1952, Blind Checked	▶ 23a					
payments	II Operator was contracted to the contract of the contr						
Standard		▶ 23b ∏					
Deduction	check here 24 Enter your standard deduction.	24	6,300				
for-		25	32,659				
People who	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0	26	4,050				
check any box on line	26 Exemptions. Multiply \$4,050 by the number on line 6d.	20					
23a or 23b or who can be	27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0	▶ 27	28,609				
claimed as a	This is your taxable income.						
dependent, see	20 Tax, moleculing any discrimance (1.1)	3,030					
instructions.	29 Excess advance premium tax credit repayment. Attach						
All others:	Form 8962. 29	30	3,830				
Single or Married filing	30 Add lines 28 and 29.	30	3,030				
separately, \$6,300	31 Credit for child and dependent care expenses. Attach						
Married filing	Form 2441. 31						
jointly or Qualifying	32 Credit for the elderly or the disabled. Attach Schedule R. 32						
Qualifying widow(er),	33 Education credits from Form 8863, line 19. 33						
\$12,600	34 Retirement savings contributions credit. Attach Form 8880. 34						
Head of household,	35 Child tax credit. Attach Schedule 8812, if required. 35		^				
\$9,300	36 Add lines 31 through 35. These are your total credits.	36	2 020				
	37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0	37	3,830				
	38 Health care: individual responsibility (see instructions). Full-year coverage	X 38	2 020				
	39 Add line 37 and line 38. This is your total tax.	39	3,830				
	40 Federal income tax withheld from Forms W-2 and 1099. 40	4,211					
	41 2016 estimated tax payments and amount applied						
If you have	from 2015 return. 41						
a qualifying	42a Earned income credit (EIC). 42a						
child, attach	b Nontaxable combat pay election. 42b						
Schedule	43 Additional child tax credit. Attach Schedule 8812. 43						
EIC.	44 American opportunity credit from Form 8863, line 8. 44						
	45 Net premium tax credit. Attach Form 8962. 45	304	A E1E				
	Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments.	▶ 46	4,515				
	47 If line 46 is more than line 39, subtract line 39 from line 46.		COE				
	This is the amount you overpaid.	47	685				
Refund	48a Amount of line 47 you want refunded to you. If Form 8888 is attached, check	here ▶ 48a	685				
m1		*******					
Direct deposit? See instructions	▶ b Routing number ▶ c Type: ☒ Checkir	ng Savings					
and fill in 48b,							
48c, and 48d or	d Account number						
Form 8888.	49 Amount of line 47 you want applied to your						
	2017 estimated tax.						
	50 Amount you owe. Subtract line 46 from line 39. For details on how to pay,		*				
Amount	see instructions.	▶ 50					
you owe	51						
	51 Estimated tax penalty (see instructions).  Do you want to allow another person to discuss this return with the IRS (see instructions).		plete the following. No				
Third party	Chann	Personal identi	fication				
designee	500ig.1000	9 number (PIN)					
	Linder penalties of perjury. I declare that I have examined this return and accompany	ying schedules and	statements, and to the				
Sign	Under penalities of perjury, I declare that I have examined this return and accompany best of my knowledge and belief, they are true, correct, and accurately list all amount the tax year. Declaration of preparer (other than the taxpayer) is based on all information to the tax year.	ation of which the p	eparer has any knowledge.				
here	Date 1001 0000pasori	Daytime phone number					
Joint return?	SECURITY C	FFICE	1.1 - 274.				
See instructions.	Spouse's signature. If a joint rtn., both must sign. Date Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)				
Keep a copy for	Spouse's signature. It a junition, Down installing						
your records.	Print/type preparer's name Preparer's signature Date	Check ▶	if PTIN				
	102-07:		loyed P00567633				
1 000 00	TAC	Firm's EIN ▶ 43	1871840				
Stalague.	rims hand Fire 135	Phone no.	Phone no.				
use only	Firm's address F 15500 I Brittle 115	440572042	Form <b>1040A</b> (2016)				
	DINONGS VIII	2	Form 1040/4 (2016)				
EDA 16 104	IDA2 BWF 1040 Form Software Copyright 1930 200						

16 1040A2

FDA

## Form **8962**

## **Premium Tax Credit (PTC)**

► Attach to Form 1040, 1040A, or 1040NR.

Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Your social security number

OMB No. 1545-0074

Attachment Sequence No. 73

Internal Revenue Service

Department of the Treasury

MICHAEL BICKELMEYER

ou can	not claim the PT	C if your filing status is man	ried filing separately unles	s you qualify for an exce	ption (see instructions). I	r you quanty, che	JK LIIG DU		
Part I	Annua	l and Monthly Co	ontribution Amou	nt					
1 7	ax family size	. Enter the number of	exemptions from Form	1040 or Form 1040A	, In. 6d, or Form 104	ONR, In. 7d	1	1	
		Enter your modified		b Enter the tot	tal of your dependent	ts' modified			
		ictions)	2a 38,95	9 AGI (see ins	structions)		2b		
3 H	dougehold inc	ome. Add the amounts					3	38,959	
4 1	Federal nover	ty line. Enter the federa	al poverty line amount 1	rom Table 1-1, 1-2,	or 1-3 (see instruction	ons). Check			
1	Federal poverty line. Enter the federal poverty line amount from Table 1–1, 1–2, or 1–3 (see instructions). Check the appropriate box for the federal poverty table used. a Alaska b Hawaii c X Other 48 states and DC							11,770	
5 I	Household income as a percentage of federal poverty line (see instructions)							331 %	
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.)								
	OCCUPANT)	ue to line 7.							
	Yes, You a	are not eligible to take t	he PTC. If advance pa	yment of the PTC wa	as made, see the inst	ructions for			
i	how to report	vour excess advance l	PTC repayment amour	nt.					
7	Applicable Fig	gure. Using your line 5	percentage, locate you	ır "applicable figure"	on the table in the ir	structions	7	0.0966	
Ra	Annual contri	bution amount, Multiply	/	b Monthly co	ntribution amount. Di	ivide line 8a		24.4	
	hala dallar	7. Round to nearest amount	. 8a 3,	763 by 12. Rou	nd to nearest whole	dollar amount	86	314	
Davt	Drom	ium Tay Cradit C	laim and Recond	illation of Adva	ance Payment o	f Premium	Tax C	redit	
9	Are you alloc	ating policy amounts w	ith another taxpayer or	do you want to use	the alternative calcul	lation for year o	t mama	ige (see insir.):	
	Yes. Skip	to Part IV, Allocation of	f Policy Amounts, or Pa	art V, Alternative Cald	culation for Year of M	larriage. 🔀 N	lo. Con	tinue to line 10.	
10	See the instr	uctions to determine if	you can use line 11 or	must complete lines	12 through 23.			40 00 Committe	
	Yes. Con	tinue to line 11. Compu	ite your annual PTC. T	hen skip lines 12-23	IXI			12-23. Compute	
	and continue	to line 24.			yo	AND DESCRIPTION OF THE PERSON		ontinue to line 24.	
		(a) Annual enrollment	(b) Annual applicable	(C) Annual	(d) Annual maximum	(e) Annual pre- tax credit allo	mium	(f) Annual advance payment of PTC	
	nnual	premiums (Form(s)	SLCSP premium (Form(s) 1095-A,	contribution amount (line 8a)	premium assistance (subtract (c) from (b), if	(smaller of (a)	or (d))	(Form(s) 1095-A,	
	culation				lane ambas-0-1	foresona, as fail		line 33C)	
Cal	IOGICATION I	1095-A, line 33A)	line 33B)		zero or less, enter-0-)		74.0		
	nnual Totals	1095-A, line 33A)	line 33B)						
11 A	nnual Totals		(b) Monthly applicable	(C) Monthly contribution amount	(d) Monthly maximum	(e) Monthly pro		(f) Monthly advance payment of PTC	
11 A	nnual Totals	(a) Monthly enrollment premiums (Form(s)	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines	(C) Monthly contribution amount (amount from line 8b or alternative marriage	(d) Monthly maximum premium assistance (subtract (s) from (b), if	tax credit alle	owed	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines	
11 A	nnual Totals	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B)	(amount from line 8b or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)		owed or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)	
11 A	nnual Totals	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B)	(amount from line 86 or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)	tax credit allo (smaller of (a)	owed or (d)) 107	(f) Monthly advance payment of PTC (Form(s) 1085-A, lines 21-32, column C)	
11 A	Innual Totals  Vionthly  Ilculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) 421 841	(amount from line 8b or alternative marriage monthly contribution)  314  314	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)  107 527	tax credit alle (smaller of (a)	owed or (d)) 107 455	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116	
11 A Ca 12	nnual Totals Monthly Ilculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) 421 841 421	(amount from line 8b or alternative marriage monthly contribution)  314 314 314	(d) Monthly maximum premium assistance (subtract(c) from (b), if zero or less; enter -0-) 107 527	tax credit all (smaller of (a)	owed or (d)) 107 455 107	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines: 21-32, column C)  207 116 113	
11 A Ca 12	Annual Totals  Monthly Ilculation  January  February	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) 421 841 421 421	(amount from line 3b) or alternative marriage monthly contribution)  314 314 314 314	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107	tax credit alle (smaller of (a)	owed or (d)) 107 455 107	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113	
11 A Ca 12 13	Annual Totals  Wonthly Ilculation  January  February  March	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) 421 841 421 421	(amount from line 8b or alternative marriage monthly contribution)  314 314 314	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107	tax credit alle (smaller of (a)	owed or (d)) 107 455 107	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113	
11 A Ca 12 13 14	Monthly Ilculation January February March April	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) 421 841 421 421	(amount from line 3b) or alternative marriage monthly contribution)  314 314 314 314	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107	tax credit alle (smaller of (a)	owed or (d)) 107 455 107	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113	
11 A Ca 12 13 14 15	Monthly Ilculation January February March April May	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) 421 841 421 421	(amount from line 3b) or alternative marriage monthly contribution)  314 314 314 314	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107	tax credit alle (smaller of (a)	owed or (d)) 107 455 107	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113	
11 A Ca 12 13 14 15 16	Monthly Ilculation  January February March April May June	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B) 421 841 421 421	(amount from line 3b) or alternative marriage monthly contribution)  314 314 314 314	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107	tax credit alle (smaller of (a)	owed or (d)) 107 455 107	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113	
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11 A  Ca  12  13  14  15  16  17  18  19  20  21  22  23  24	Monthly Ilculation  January February March April May June July August September October November December Totals	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  4 5 5 4 5 5 4 5 5 1 0 3	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B)  421 841 421 421 421 421 6 amount from in. 11(et the amount from in. 1	(amount from line 3b or alternative marriage monthly contribution)  314 314 314 314 314 316 317 317 317 317 317 317 317 317 317 317	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 107 107 107 107	tax credit alle (smaller of (a)	107 455 107 107 107 24	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113 2 26	
11 A  TO Ca  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26	Monthly Ilculation  January February March April May June July August September October November December Total prem Advance p Net premium 1040, line 69	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455 103  ium tax credit. Enter the ayment of PTC. Enter tax credit. If line 24 is great Form 1040A, line 45; or Form 1040A, line 45; or Fo	(b) Monthly applicable SLCSP premium (Form (s) 1095–A, lines 21–32, column B)  421  841  421  421  421  421  421  421	(amount from line 3b) or alternative mariage monthly contribution)  314  314  314  314  314  316  317  317  317  317  317  317  317	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107 107 107 207 207 207 207 207 207 207 207 207 2	tax credit alle (smaller of (a)	24 25	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines: 21-32, column C)  207 116 113 113 26 879 575	
11 A  T  Ca  12  13  14  15  16  17  18  19  20  21  22  23  24	Monthly Ilculation  January February March April May June July August September October November Total premi Advance p Net premium 1040, line 69 than line 24	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455 103	(b) Monthly applicable SLCSP premium (Form (s) 1095–A, lines 21–32, column B)  421 841 421 421 421 421 ter than line 25, subtract lir	amount from line 3b or alternative mariage monthly contribution)  314  314  314  314  314  314  316  317  317  317  317  317  317  317	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107  107  107  107  107  107  107  10	tax credit alle (smaller of (a)	24 25 26	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113 113 26 879 575	
11 A  TO Ca  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26	Monthly Ilculation  January February March April May June July August September October November December Total prem 1040, line 69 than line 24,	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455 455 103  ium tax credit. Enter the ayment of PTC. Enter that credit. If line 24 is great; Form 1040A, line 45; or follower this line blank and coayment of Excessore payment of PTC. If line payment of PTC. If l	(b) Monthly applicable SLCSP premium (Form (s) 1095–A, lines 21–32, column B)  421  841  421  421  421  421  421  421	(amount from line 3b) or alternative marriage monthly contribution)  314  314  314  314  314  314  314  31	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107 107 107 107 207 207 207 207 207 207 207 207 207 2	tax credit alle (smaller of (a))  er the total here or the total here is greater	24 25 26	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113 113 26 879 575	
11 A Ca 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	Monthly Ilculation  January February March April May June July August September October November December Total prem 1040, line 69 than line 24,	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455 455 103  ium tax credit. Enter the ayment of PTC. Enter that credit. If line 24 is great; Form 1040A, line 45; or follower this line blank and coayment of Excessore payment of PTC. If line payment of PTC. If l	(b) Monthly applicable SLCSP premium (Form (s) 1095–A, lines 21–32, column B)  421  841  421  421  421  421  421  421	(amount from line 3b) or alternative marriage monthly contribution)  314  314  314  314  314  314  314  31	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527 107 107 107 107 207 207 207 207 207 207 207 207 207 2	tax credit alle (smaller of (a))  er the total here or the total here is greater	24 25 26	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)  207 116 113 113 26 879 575	
11 A Ca 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 Par	Monthly Ilculation  January February March April May June July August September October November December Total premi Advance p Net premium 1040, tine 69 than line 24, till Re Excess adva Repaymer	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)  455 455 455 103  455 103  ium tax credit. Enter the ayment of PTC. Enter that credit. If line 24 is great Form 1040A, libia 45; or coleave this line 45; or column to bayment of Exception of Exception 1040A, libia and column to Excepti	(b) Monthly applicable SLCSP premium (Form (s) 1095-A, lines 21-32, column B)  421 841 421 421 421 421 421 421 421 421 5 amount from in. 11(ethe amoun	(amount from line 3b or alternative marriage monthly contribution)  314 314 314 314 314 314 314 314 315 314 314 314 314 314 314 314 314 314 314	(d) Monthly maximum premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107  107  107  107  107  107  107  10	tax credit alle (smaller of (a) and the total here on Form is greater in Form 1040,	24 25 26	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines: 21-32, column C)  207 116 113 113 26 879 575	

## Form 8879

Department of the Treasury Internal Revenue Service

Submission Identification Number (SID)

## IRS e-file Signature Authorization Do not send to the IRS. This is not a tax return.

► Keep this form for your records.

Information about Form 8879 and its instructions is at www.irs.gov/form8879.

CLIENT COPY

2016

laxpayer's name	ocial security number
MICHAEL BICKELMEYER	-
Spouse's name	Spouse's social security number
Part I Tax Return Information — Tax Year Ending December 31, 201	6 (Whole Dollars Only)
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) · · · · ·	00 000
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7) · ·	
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Pa	- C C
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	
Part III Taxpayer Declaration and Signature Authorization (Be sure you g	
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it declare that the amounts in Part I above are the amounts from my electronic income tax return. I contransmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the reason for rejection of the transmission, (b) the reason for any delay in processing the return or refut applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electrofinancial institution account indicated in the tax preparation software for payment of my federal taxes estimated tax, and the financial institution to debit the entry to this account. This authorization is to re U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must of 1–888–353–4537. Payment cancellation requests must be received no later than 2 business days prie authorize the financial institutions involved in the processing of the electronic payment of taxes to receive to answer inquiries and resolve issues related to the payment. I further acknowledge that the person signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Cortaxpayer's PIN: check one box only  I authorize HRB TAX GROUP INC to enter or get	it is true, correct, and complete. I further is ent to allow my intermediate service provider, in IRS (a) an acknowledgment of receipt or and, and (c) the date of any refund. If anic funds withdrawal (direct debit) entry to the lowed on this return and/or a payment of amain in full force and effect until I notify the contact the U.S. Treasury Financial Agent at lower to the payment (settlement) date. I also serve confidential information necessary al identification number (PIN) below is my
	Enter five digits, but do
ERO firm name as my signature on my tax year 2016 electronically filed income tax return.	not enter all zeros
I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. On the PIN and your return is filed using the Practitioner PIN method. The ERO must complete Figure 3 Your signature Signature and Date on file  Date	Check this box only if you are entering your Part III below.
Spouse's PIN: check one box only	
The second secon	enerate my PIN
ERO firm name	Enter five digits, but do
as my signature on my tax year 2016 electronically filed income tax return.	not enter all zeros
will enter my PIN as my signature on my tax year 2016 electronically filed income tax return.	Check this box only if you are entering your
own PIN and your return is filed using the Practitioner PIN method. The ERO must complete	Part III below.
Spouse's signature ▶ Signature and Date on file Da	te >
Practitioner PIN Method Returns Only o	
Part III Certification and Authentication — Practitioner PIN Method C	Only
	-
ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electron indicated above. I confirm that I am submitting this return in accordance with the requirements of the Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	nically filed income tax return for the taxpayer(s) ne Practitioner PIN method and Publication 134
ERO's signature	nte ▶ <u>02-07-2017</u>
ERO Must Retain This Form — See Instr	
Do Not Submit This Form to the IRS Unless Requ	iestea 10 DO 20

FDA