

MICHAEL BICKELMEYER
 399 PEARL ROAD
 BRUNSWICK OH 44212

OMB No. 1545-0074
 Your social security number _____
 Spouse's social security no. _____
 ▲ Make sure the SSN(s) above and on line 6c are correct.
Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$9 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing status Check only one box.
 1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child (see instructions)

Exemptions
 6a Yourself. If someone can claim you as a dependent, do not check box 6a. Boxes checked on 6a and 6b 1
 b Spouse
 c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) /if child under age 17 qualifying for child tax cr. (see inst.)	No. of children on 6c who: <input type="checkbox"/> lived with you <input type="checkbox"/> did not live with you due to divorce or separation (see inst.) Dependents on 6c not entered above

d Total number of exemptions claimed. Add numbers on lines above 1

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	39,213
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
11b	Taxable amount (see instructions).	11b	
12a	Pensions and annuities.	12a	
12b	Taxable amount (see instructions).	12b	
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
14b	Taxable amount (see instructions).	14b	
15	Add lines 7 through 14b (far right column). This is your total income.	15	39,213

Adjusted gross income

16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	254
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your total adjustments.	20	254
21	Subtract line 20 from line 15. This is your adjusted gross income.	21	38,959

Tax, credits, and payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 22 through 46 covering income, deductions, and payments.

Standard Deduction for-
People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions.
All others: Single or Married filing separately, \$6,300
Married filing jointly or Qualifying widow(er), \$12,600
Head of household, \$9,300

If you have a qualifying child, attach Schedule EIC.

Refund

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.

Table with 3 columns: Line number, Description, and Amount. Includes lines 47 and 48a regarding overpaid amount and refund.

Amount you owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 49, 50, and 51 regarding estimated tax, amount owed, and tax penalty.

Third party designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete the following. [] No
Designee's name: HRB TAX GROUP INC, Phone no: 440-572-0429, 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 accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.
Your signature, Date, Your occupation: SECURITY OFFICE, Daytime phone number, Spouse's signature, Date, Spouse's occupation, If the IRS sent you an Identity Protection PIN, enter it here (see inst.):

Paid preparer use only

Print/type preparer's name: JANET ELDER, Preparer's signature, Date: 02-07-2017, Check [] if self-employed [] if PTIN: P00567633, Firm's name: HRB TAX GROUP INC, Firm's EIN: 431871840, Firm's address: 13500 PEARL RD UNIT 135 STRONGSVILLE OH 44136, Phone no: 4405720429

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040, 1040A, or 1040NR.
▶ Information about Form 8962 and its separate instructions is at www.irs.gov/form8962.

Name shown on your return

Your social security number

MICHAEL BICKELMEYER

You cannot claim the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box.

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter the number of exemptions from Form 1040 or Form 1040A, ln. 6d, or Form 1040NR, ln. 7d	1	1
2a	Modified AGI. Enter your modified AGI (see instructions).....	2a	38,959
b	Enter the total of your dependents' modified AGI (see instructions).....	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	38,959
4	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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	11,770
5	Household income as a percentage of federal poverty line (see instructions)	5	331 %
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%). <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0966
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	3,763
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	314

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instr.)?
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSPP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Annual premium tax credit allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSPP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly contribution)	(d) Monthly maximum premium assistance (subtract (c) from (b), if zero or less, enter -0-)	(e) Monthly premium tax credit allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	455	421	314	107	107	207
13 February	455	841	314	527	455	116
14 March	455	421	314	107	107	113
15 April	455	421	314	107	107	113
16 May	103	421	314	107	103	26
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
24	Total premium tax credit. Enter the amount from ln. 11(e) or add lns. 12(e) through 23(e) and enter the total here					879
25	Advance payment of PTC. Enter the amount from ln. 11(f) or add lns. 12(f) through 23(f) and enter the total here					575
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Form 1040, line 69; Form 1040A, line 45; or Form 1040NR, line 65. If line 24 equals line 25, enter zero. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27.					304

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Form 1040, line 46; Form 1040A, line 29; or Form 1040NR, line 44	29	

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

IRS e-file Signature Authorization

Department of the Treasury Internal Revenue Service

Do not send to the IRS. This is not a tax return.

Keep this form for your records.

2016

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

Submission Identification Number (SID)

Taxpayer's name MICHAEL BICKELMEYER Social security number
Spouse's name Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2016 (Whole Dollars Only)

Table with 3 columns: Line number, Description, and Amount. Includes Adjusted gross income (38,959), Total tax (3,830), Federal income tax withheld (4,211), Refund (685), and Amount you owe.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: check one box only

I authorize HRB TAX GROUP INC to enter or generate my PIN as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but do not enter all zeros

I 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.

Your signature Signature and Date on file Date

Spouse's PIN: check one box only

I authorize to enter or generate my PIN as my signature on my tax year 2016 electronically filed income tax return.

Enter five digits, but do not enter all zeros

I 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.

Spouse's signature Signature and Date on file Date

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication -- Practitioner PIN Method 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 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature Date 02-07-2017

ERO Must Retain This Form -- See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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