

Filing Status [X] Single [] Married filing jointly [] Married filing separately (MFS) [] Head of household (HOH) [] Qualifying widow(er) (QW)
Check only 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
one box. 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 ROAD Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
BRUNSWICK OH 44212
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.

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? [] Yes [] Spouse
Standard Deduction [] Someone can claim: [] You as a dependent [] Your spouse as a dependent [] Yes [X] No
[] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [] Were born before January 2, 1957 [] Are blind Spouse: [] Was born before January 2, 1957 [] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child tax credit, Credit for other dependents. Includes a 'Dependents (see instructions):' section.

Main tax calculation table with rows 1-15. Includes sub-rows 2a-2b, 3a-3b, 4a-4b, 5a-5b, 6a-6b, 12a-12b, 12c. Total taxable income: 54,631.

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	7,766
17 Amount from Schedule 2, line 3	17	2,050
18 Add lines 16 and 17	18	9,816
19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20 Amount from Schedule 3, line 8	20	
21 Add lines 19 and 20	21	
22 Subtract line 21 from line 18. If zero or less, enter -0-	22	9,816
23 Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24 Add lines 22 and 23. This is your total tax	24	9,816

25 Federal income tax withheld from:		
a Form(s) W-2	25a	8,052
b Form(s) 1099	25b	
c Other forms (see instructions)	25c	
d Add lines 25a through 25c	25d	8,052

26 2021 estimated tax payments and amount applied from 2020 return	26	
27a Earned income credit (EIC). Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions	27a	

If you have a qualifying child, attach Sch. EIC.

27b Nontaxable combat pay election	27b	
27c Prior year (2019) earned income	27c	
28 Refundable child tax credit or additional child tax credit from 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 15	31	
32 Add lines 27a and 28 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	8,052
34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	

35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here	35a	
b Routing number		
d Account number		
c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

36 Amount of line 34 you want applied to your 2022 estimated tax	36	
37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	1,780

38 Estimated tax penalty (see instructions)	38	16
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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 **HRB TAX GROUP INC** Phone no. **440-572-0429** Personal identification number (PIN) **34638**

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 MIBICKELMEYER@YAHOO.COM		

Paid Preparer Use Only	Preparer's name JANET ELDER	Preparer's signature	Date 02-11-2022	PTIN P00567633	Check if: <input type="checkbox"/> Self-employed
	Firm's name HRB TAX GROUP INC	Firm's address 13500 PEARL RD UNIT 135 STRONGSVILLE OH 44136		Phone no. 440-572-0429	Firm's EIN 431871840

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

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2021

Attachment
Sequence No. **02**

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

MICHAEL BICKELMEYER

Your social security number

[REDACTED]

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	2,050
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	2,050

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

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Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ▶	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ▶	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Additional tax from Schedule 8812		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

Premium Tax Credit (PTC)

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

MICHAEL BICKELMEYER

Your social security number

A. If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions

B. You cannot take 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 your tax family size. See instructions		1	1
2a	Modified AGI. Enter your modified AGI. See instructions	67,181		
2b	Enter the total of your dependents' modified AGI. See instructions			
3	Household income. Add the amounts on lines 2a and 2b. See instructions		3	67,181
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	12,760
5	Household income as a percentage of federal poverty line (see instructions)		5	401 %
6	Reserved for future use			
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions		7	0.085
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	5,710	8a	
	b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount		8b	476

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 and continue to line 24. 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 SLCSP 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 SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(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						
13 February						
14 March						
15 April	625	801	476	325	325	482
16 May	625	801	476	325	325	482
17 June	625	801	476	325	325	482
18 July	625	801	476	325	325	482
19 August	625	801	476	325	325	482
20 September	625	801	476	325	325	482
21 October	625	801	476	325	325	602
22 November	625	801	476	325	325	602
23 December	625	801	476	325	325	602
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					325	602
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						3,250
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 Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27						5,300

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	2,050
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 Schedule 2 (Form 1040), line 2	29	2,050

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

IRS e-file Signature Authorization

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 OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name
MICHAEL BICKELMEYER
 Spouse's name

Social security number
 [REDACTED]
 Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2021 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	67,181
2 Total tax	2	9,816
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	8,052
4 Amount you want refunded to you	4	
5 Amount you owe	5	1,780

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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize HRB TAX GROUP INC to enter or generate my PIN 16321 as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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.

Your signature ▶ *Michael Bickelmeier*

Date ▶ 2/11/2022

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my signature on the income tax return (original or amended) I am now authorizing. **Enter five digits, but don't enter all zeros**

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶

Date ▶

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.

34197950616

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ JANET ELDER

Date ▶ 2/11/2022

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

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

2021 WAGES AND SALARIES SUMMARY ATTACHMENT

MICHAEL BICKELMEYER

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
CLEVELAND STRONGSVILLE HOSP	46-3137402	T	1,109	99	69	OH	1,109		
MILE HIGH PIZZA COMPANY LLC	82-0957675	T	41,206	4,963	2,555	OH	41,206	1,006	7
UNIVERSAL PROTECTION SERVIC	56-0515447	T	24,641	2,940	1,528	OH	24,641	945	
LANGSTON ET AL V US SECURIT	86-3225692	T	225	50	14	OH	225		
TOTAL			67,181	8,052	4,166		67,181	1,966	8

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2021 FEDERAL TAX WITHHOLDINGS ATTACHMENT

MICHAEL BICKELMEYER
[REDACTED]

W-2	CLEVELAND STRONGSVILLE HOSPITA	99
W-2	MILE HIGH PIZZA COMPANY LLC	4,963
W-2	UNIVERSAL PROTECTION SERVICES LLC	2,940
W-2	LANGSTON ET AL V US SECURITY	50
TOTAL TO FORM 1040/1040-SR LINE 25D		8,052

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