

FEDERAL TAX RETURN SUMMARY 2017

Income	Year 2017	Year 2016	Change(\$)
Wages, salaries, tips, etc.:	\$39,282	\$39,213	\$69
Interest income:	\$0	\$0	\$0
Ordinary dividend income:	\$0	\$0	\$0
Refunds of state and local taxes:	\$0	\$0	\$0
Business income or (loss) (Schedule C):	\$0	\$0	\$0
Capital gain or (loss) (Schedule D):	\$0	\$0	\$0
Other gains or (losses) (Form 4797):	\$0	\$0	\$0
IRA distributions and pension income:	\$0	\$0	\$0
Rental real estate, partnerships, estates, etc. (Schedule E):	\$0	\$0	\$0
Farm income or (loss) (Schedule F):	\$0	\$0	\$0
Unemployment compensation:	\$0	\$0	\$0
Taxable social security income:	\$0	\$0	\$0
Other income:	\$0	\$0	\$0
Total income:	\$39,282	\$39,213	\$69
Adjustments			
Student loan interest deduction:	\$0	\$254	\$1,526
Domestic production activities deduction:	\$0	\$0	\$0
IRA contributions:	\$0	\$0	\$0
Deductible part of self-employment tax:	\$0	\$0	\$0
Self-employed health insurance:	\$0	\$0	\$0
Self-employed SEP, SIMPLE, and qualified plans:	\$0	\$0	\$0
Other adjustments:	\$0	\$0	\$0
Total Adjustments:	\$1,780	\$254	\$1,526
Adjusted Gross Income (AGI)			
This is your total income less total adjustments:	\$37,502	\$38,959	(\$1,457)
Deductions			
Standard/Itemized Deductions:	\$6,350	\$6,300	\$50
Medical and dental expenses:	\$0	\$0	\$0
Taxes paid:	\$0	\$1,298	\$0
Interest paid:	\$0	\$0	\$0
Gifts to charity:	\$0	\$0	\$0
Casualty and theft losses:	\$0	\$0	\$0
Job expenses and most miscellaneous deductions:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
Exemptions:	\$4,050	\$4,050	\$0
Tax Computation			
Taxable Income:	\$27,102	\$28,609	(\$1,507)
Income Tax:	\$3,603	\$3,830	(\$227)
Tax Before Credits:	\$3,603	\$3,830	(\$227)
Other Taxes			
Self-employment tax:	\$0	\$0	\$0
Other Taxes:	\$0	\$0	\$0
Total Taxes:	\$1,603	\$3,830	(\$2,227)

Credits

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

The H&R Block Advantage document provides information that could help you improve your tax and financial situation, but your actual tax situation may change materially depending on future changes to the law and changes in your personal and financial circumstances. If your circumstances do change, we suggest that you review the change with your tax professional.



H&R BLOCK[®]

BLOCK ADVANTAGE

Michael Bickelmeyer
01/26/18

Child Care Credit:	\$0	\$0	\$0
Education credit:	\$2,000	\$0	\$0
Other Credits:	\$0	\$0	\$0
Total Credits:	\$2,000	\$0	\$0

Payments

Federal income tax withheld:	\$4,207	\$4,211	(\$4)
Earned Income Credit:	\$0	\$0	\$0
ACA Premium Tax Credit:	\$0	\$304	(\$304)
Other Payments:	\$0	\$0	\$0
Total Payments:	\$4,207	\$4,211	(\$4)

Refund

Amount Due:	\$0	\$0	\$0
Penalty:	\$0	\$0	\$0
Overpayment:	\$2,604	\$685	\$1,919
Refund Due:	\$2,604	\$685	\$1,919

Other Computations

Marginal tax bracket:	15%
Effective tax bracket:	9%
Filing Status:	SINGLE

We're Open All Year! Call 800-HRBLOCK 800-472-5625 or visit hrblock.com to schedule an appointment.

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OMB No. 1545-0074

Your social security number

Spouse's social security no.

MICHAEL BICKELMEYER
399 PEARL ROAD
BRUNSWICK OH 44212

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 \$3 to go to this fund. Checking a box below will not change your tax or refund. [X] You [] Spouse

Filing status

Check only one box.

- 1 [X] 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) (see instructions)

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a.

b [] Spouse

c Dependents:

If more than six dependents, see inst.

Table with 5 columns: (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.)

Boxes checked on 6a and 6b 1

No. of children on 6c who:

[X] lived with you

[] did not live with you due to divorce or separation (see inst.)

Dependents on 6c not entered above

Add numbers on lines above 1

d Total number of exemptions claimed.

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Table with 3 columns: Description, Line number, Amount. Includes rows for Wages (39,282), Taxable interest, Dividends, Capital gain distributions, IRA distributions, Pensions and annuities, Unemployment compensation, Social security benefits, and Total income (39,282).

Adjusted gross income

Table with 3 columns: Description, Line number, Amount. Includes rows for Educator expenses, IRA deduction, Student loan interest deduction, Total adjustments (1,780), and Adjusted gross income (37,502).

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

Form 1040A (2017)

Tax, credits, 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, \$6,350

Married filing jointly or Qualifying widow(er), \$12,700

Head of household, \$9,350

Form 1040A tax form lines 22-46. Includes sections for Total boxes checked, Standard deduction, Exemptions, Tax, Total credits, Total payments, and Amount you owe.

If you have a qualifying child, attach Schedule EIC.

Refund

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

Form 1040A tax form lines 47-48a. Includes routing and account numbers for direct deposit.

Amount you owe

Form 1040A tax form lines 49-51. Includes 2018 estimated tax, amount you owe, and estimated tax penalty.

Third party designee

Form 1040A tax form line 52. Designee information for HRB TAX GROUP INC.

Sign here

Joint return? See instructions. Keep a copy for your records.

Form 1040A tax form lines 53-54. Signature and occupation information for Michael Bickelmeier.

Paid preparer use only

Form 1040A tax form lines 55-56. Preparer information for Janet Elder at HRB Tax Group Inc.

Education Credits
(American Opportunity and Lifetime Learning Credits)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040A.

▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Name(s) shown on return

MICHAEL BICKELMEYER

Your social security number



Complete a separate Part III on page 2 for each student for whom you're claiming either credit before you complete Parts I and II.

Part I Refundable American Opportunity Credit

1	After completing Part III for each student, enter the total of all amounts from all Parts III, line 30		1
2	Enter: \$180,000 if married filing jointly; \$90,000 if single, head of household, or qualifying widow(er)	2	
3	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	3	
4	Subtract line 3 from line 2. If zero or less, stop ; you can't take any education credit	4	
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	5	
6	If line 4 is: • Equal to or more than line 5, enter 1.000 on line 6 • Less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to at least three places)		6
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions described in the instructions, you can't take the refundable American opportunity credit; skip line 8, enter the amount from line 7 on line 9, and check this box <input type="checkbox"/>		7
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount here and on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below		8

Part II Nonrefundable Education Credits

9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)		9
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19		10 10,773
11	Enter the smaller of line 10 or \$10,000		11 10,000
12	Multiply line 11 by 20% (0.20)		12 2,000
13	Enter: \$132,000 if married filing jointly; \$66,000 if single, head of household, or qualifying widow(er)	13 66,000	
14	Enter the amount from Form 1040, line 38, or Form 1040A, line 22. If you're filing Form 2555, 2555-EZ, or 4563, or you're excluding income from Puerto Rico, see Pub. 970 for the amount to enter	14 37,502	
15	Subtract line 14 from line 13. If zero or less, skip lines 16 and 17, enter -0- on line 18, and go to line 19	15 28,498	
16	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household, or qualifying widow(er)	16 10,000	
17	If line 15 is: • Equal to or more than line 16, enter 1.000 on line 17 and go to line 18 • Less than line 16, divide line 15 by line 16. Enter the result as a decimal (rounded to at least three places)		17 1.0000
18	Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksheet (see instructions)		18 2,000
19	Nonrefundable education credits. Enter the amount from line 7 of the Credit Limit Worksheet (see instructions) here and on Form 1040, line 50, or Form 1040A, line 33		19 2,000

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

Name(s) shown on return

MICHAEL BICKELMEYER

Your social security number



Complete Part III for each student for whom you're claiming either the American opportunity credit or lifetime learning credit. Use additional copies of page 2 as needed for each student.

Part III Student and Educational Institution Information. See instructions.

<p>20 Student name (as shown on page 1 of your tax return)</p> <p>MICHAEL BICKELMEYER</p>	<p>21 Student social security number (as shown on page 1 of your tax return)</p>
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<p>22 Educational institution information (see instructions)</p>	
<p>a. Name of first educational institution</p> <p>UNIVERSITY OF PHOENIX</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>4025 S RIVERPOINT PARK PHOENIX, AZ 85040</p> <p>(2) Did the student receive Form 1098-T from this institution for 2017? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p> <p>94-2473210</p>	<p>b. Name of second educational institution (if any)</p> <p>(1) Address. Number and street (or P.O. box). City, town or post office, state, and ZIP code. If a foreign address, see instructions.</p> <p>(2) Did the student receive Form 1098-T from this institution for 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(3) Did the student receive Form 1098-T from this institution for 2016 with box 2 filled in and box 7 checked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(4) Enter the institution's employer identification number (EIN) if you're claiming the American opportunity credit or if you checked "Yes" in (2) or (3). You can get the EIN from Form 1098-T or from the institution.</p>

<p>23 Has the Hope Scholarship Credit or American opportunity credit been claimed for this student for any 4 tax years before 2017?</p>	<p>Yes -- Stop! <input type="checkbox"/> Go to line 31 for this student. <input checked="" type="checkbox"/> No -- Go to line 24.</p>
<p>24 Was the student enrolled at least half-time for at least one academic period that began or is treated as having begun in 2017 at an eligible educational institution in a program leading towards a postsecondary degree, certificate, or other recognized postsecondary educational credential? See instructions.</p>	<p><input checked="" type="checkbox"/> Yes -- Go to line 25. <input type="checkbox"/> No -- Stop! Go to line 31 for this student.</p>
<p>25 Did the student complete the first 4 years of postsecondary education before 2017? See instructions.</p>	<p><input checked="" type="checkbox"/> Yes -- Stop! Go to line 31 for this student. <input type="checkbox"/> No -- Go to line 26.</p>
<p>26 Was the student convicted, before the end of 2017, of a felony for possession or distribution of a controlled substance?</p>	<p><input type="checkbox"/> Yes -- Stop! Go to line 31 for this student. <input type="checkbox"/> No -- Complete lines 27 through 30 for this student.</p>



You can't take the American opportunity credit and the lifetime learning credit for the **same student** in the same year. If you complete lines 27 through 30 for this student, don't complete line 31.

American Opportunity Credit

27 Adjusted qualified education expenses (see instructions). Don't enter more than \$4,000.	27	
28 Subtract \$2,000 from line 27. If zero or less, enter -0-	28	
29 Multiply line 28 by 25% (0.25)	29	
30 If line 28 is zero, enter the amount from line 27. Otherwise, add \$2,000 to the amount on line 29 and enter the result. Skip line 31. Include the total of all amounts from all Parts III, line 30, on Part I, line 1	30	

Lifetime Learning Credit

31 Adjusted qualified education expenses (see instructions). Include the total of all amounts from all Parts III, line 31, on Part II, line 10.	31	10,773
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IRS e-file Signature Authorization

CLIENT COPY

- Do not send to the IRS. This is not a tax return.
Keep this form for your records.

2017

Department of the Treasury Internal Revenue Service

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 2 columns: Line number and Amount. Rows include Adjusted gross income (37,502), Total tax (1,603), Federal income tax withheld (4,207), Refund (2,604), 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, 2017, 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

16321

Enter five digits, but do not enter all zeros

as my signature on my tax year 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 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: Michael Bickelmeier

Date: 1/26/2018

Spouse's PIN: check one box only

I authorize to enter or generate my PIN

Enter five digits, but do not enter all zeros

as my signature on my tax year 2017 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2017 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

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.

34338850616

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2017 electronically filed income tax return for the taxpayer(s) indicated above.

ERO's signature: 450616

Date: 1/26/2018

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.

Form 8879 (2017)

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 \$3 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

(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

22 Enter the amount from line 21 (adjusted gross income) 22 38,959
23a Check [] You were born before Jan. 2, 1952, [] Blind } Total boxes
if: [] Spouse was born before Jan. 2, 1952, [] Blind } checked ▶ 23a []
b If you are married filing separately and your spouse itemizes deductions,
check here ▶ 23b []
24 Enter your standard deduction. 24 6,300
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 32,659
26 Exemptions. Multiply \$4,050 by the number on line 6d. 26 4,050
27 Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.
This is your taxable income. ▶ 27 28,609
28 Tax, including any alternative minimum tax (see inst.) 28 3,830
29 Excess advance premium tax credit repayment. Attach
Form 8962. 29
30 Add lines 28 and 29. 30 3,830
31 Credit for child and dependent care expenses. Attach
Form 2441. 31
32 Credit for the elderly or the disabled. Attach Schedule R. 32
33 Education credits from Form 8863, line 19. 33
34 Retirement savings contributions credit. Attach Form 8880. 34
35 Child tax credit. Attach Schedule 8812, if required. 35
36 Add lines 31 through 35. These are your total credits. 36 0
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
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
from 2015 return. 41
42a Earned income credit (EIC). 42a
b Nontaxable combat pay election. 42b
43 Additional child tax credit. Attach Schedule 8812. 43
44 American opportunity credit from Form 8863, line 8. 44
45 Net premium tax credit. Attach Form 8962. 45 304
46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments. ▶ 46 4,515

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

47 If line 46 is more than line 39, subtract line 39 from line 46.
This is the amount you overpaid. 47 685
48a Amount of line 47 you want refunded to you. If Form 8888 is attached, check here ▶ [] 48a 685

Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.
▶ b Routing number [] ▶ c Type: [X] Checking [] Savings
▶ d Account number []

49 Amount of line 47 you want applied to your 2017 estimated tax. 49
50 Amount you owe. Subtract line 46 from line 39. For details on how to pay, see instructions. ▶ 50
51 Estimated tax penalty (see instructions). 51

Amount you owe

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 no. ▶ 440-572-0429 Phone number (PIN) ▶ []
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. 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.) []

Joint return? See instructions. Keep a copy for your records.

Paid preparer use only

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

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.

2016
Attachment
Sequence No. **73**

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, In. 6d, or Form 1040NR, In. 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 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 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 In. 11(e) or add Ins. 12(e) through 23(e) and enter the total here					879
25	Advance payment of PTC. Enter the amount from In. 11(f) or add Ins. 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)

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	38,959
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	2	3,830
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	3	4,211
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Part I, line 13a)	4	685
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)	5	

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. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. 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 acknowledgment 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 my electronic income tax return 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
ERO firm name
 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. The ERO must complete Part III below.

Your signature ▶ Signature and Date on file Date ▶ _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name
 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. The ERO must complete Part III below.

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.