

### **FEDERAL TAX RETURN SUMMARY 2017**

Income Wages, salaries, tips, etc.:	<b>Year 2017</b> \$39,282	<b>Year 2016</b> \$39,213	<b>Change(\$)</b> \$69
Interest income:	\$0	\$0 \$0	\$0
	\$0 \$0	\$0 \$0	\$0
Ordinary dividend income:			\$0 \$0
Refunds of state and local taxes:	\$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.	\$0	\$0	\$0
(Schedule E):			
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
Total income.	ψ59,202	ψ00,210	ΨΟΟ
Adjustments	••	, n = 4	<b>#4.500</b>
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
Total Adjustments.	ψ1,700	<b>4</b>	,
Adjusted Gross Income (AGI)	<b>#27 500</b>	\$20 DED	(\$1,457)
This is your total income less total adjustments:	\$37,502	\$38,959	(ψ1,+01)
Deductions		00.000	<b>#50</b>
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
Casuality and theft losses:	\$0	\$0	\$0
Job expenses and most miscellaneous deductions:	\$0	\$0	\$0
Other miscellaneous deductions:	\$0	\$0	\$0
	\$4,050	\$4,050	\$0
Exemptions:	ψ4,000	ψ 1,000	· ·
Tax Computation	007.400	<b>#20.000</b>	(\$4.507)
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
	\$1,603	\$3,830	(\$2,227)
Total Taxes:	ψ1,000	40,000	(7-)

#### Credits

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



Child Care Credit: Education credit: Other Credits: Total Credits:	\$0	\$0	\$0
	\$2,000	\$0	\$0
	\$0	\$0	\$0
	\$2,000	\$0	\$0
Payments Federal income tax withheld: Earned Income Credit: ACA Premium Tax Credit: Other Payments: Total Payments:	\$4,207 \$0 \$0 \$0 \$0 \$4,207	\$4,211 \$0 \$304 \$0 \$4,211	(\$4) \$0 (\$304) \$0 (\$4)
Refund Amount Due: Penalty: Overpayment: Refund Due:	\$0	\$0	\$0
	\$0	\$0	\$0
	\$2,604	\$685	\$1,919
	\$2,604	\$685	\$1,919
Other Computations Marginal tax bracket: Effective tax bracket: Filing Status:	15% 9% SINGLE		

-orm 1040A		Individual Income Ta		201	7 IRS Use Only	Do not	write o	or staple in this space.
							OMB	No. 1545-0074
						Your	socia	I security number
						Spor	ise's s	social security no.
MICH	AEL E	BICKELMEYER						ure the SSN(s) above line 6c are correct.
200	דרו איבורו					Pres	identi	al Election Campaign
		L ROAD K OH 44212				Chec filing Chec your t refun	k here i jointly, king a b ax or d.	f you, or your spouse if want \$3 to go to this fund. ox below will not change
Eilina	1	X Single		4				erson). (See instructions.)
Filing status	2	Married filing jointly (even if only	one had income)		If the qualifying person			not your dependent,
Check only	3 [	Married filing separately. Enter s	pouse's SSN above		enter this child's nam			Λ
one box.		and full name here. ▶		5	Qualifying widow(er)	(see instru	ictions	
Exemptions		Yourself. If someone can clai	m you as a depende	ent, <b>do no</b> 1	спеск бох ба.		<b>&gt;</b>	Boxes checked on 6a and 6b 1
	b_	Spouse			T	(4) √if	child	No. of children on 6c who:
	(1) Fir	Dependents:  rst name  Last name	(2) Depende security		(3) Dependent's relationship to you	under a qualifyi child t (see ir	ng for ax cr.	lived with you
If more ————————————————————————————————————	(-/			1500			-	did not live
depend-				A STATE OF THE STA				with you due to divorce
ents, see				41.5				or separation (see inst.)
								Dependents on 6c not entered above
								Add numbers on lines
	d	Total number of exemptions clai	med.					and the second s
Income Attach	7	Wages, salaries, tips, etc. Attach	n Form(s) W-2.				7	39,282
Form(s)	8a	Taxable interest. Attach Schedu	le B if required.			8	За	
W-2 here. Also attach	b	A. W. W. W.	The same of the sa		8b			
Form(s) 1099-R	9a		Control Control			(	9a	· · · · · · · · · · · · · · · · · · ·
if tax was	b				9b			
withheld.	10	Capital gain distributions (see in					10	
If you did not	11a	A VERTICAL ARCA.	11b	Taxable a		-	11b	
get a W-2, see		distributions. 11a	401-	(see instr			TD	
instructions.	128		12b	(see instr		-	12b	
	<u>48.</u>	annuities. 12a		(300 111011	udiono).			
	13	Unemployment compensation a	and Alaska Permane	ent Fund di	ividends.		13	
	14	offia W	14b	Taxable a	amount			
*		benefits. 14a		(see instr	ructions).		14b	
	15	Add lines 7 through 14b (far rig	ght column). This is y	your <b>total i</b>	ncome.	<b>&gt;</b>	15	39,282
Adjusted					16			
gross	16				16 17			
income	17					1,780		
	18		1 (SEC ITISH UCHOTIS).					
	19			iotmonto.	19	and the control of	20	1,780
	20	Add lines 16 through 19. These	e are your total adju					
	21	Subtract line 20 from line 15. T	his is your <b>adjuste</b> c	d gross inc	come.	<b>&gt;</b>	21	37,502
				parata inc			nesti.	Form 1040A (2017)

Form 1040A (2017)	BICKELMEYER	Page 2
-orm 1040A (2017)	22 Enter the amount from line 21 (adjusted gross income).	37,502
Tax, credits,	23a Check Vou were born before Jan. 2, 1953, Blind Total boxes	
and	if: Spouse was born before Jan. 2, 1953, Blind checked ≥ 23a	
payments	b If you are married filing separately and your spouse itemizes deductions,	
Standard	check here	
Deduction	24 Enter your standard deduction. 24	6 <b>,</b> 350
for-	25	31,152
<ul><li>People who check any</li></ul>	26	4,050
box on line 23a or 23b <b>or</b>	La Contor O	
who can be	27 Subtract line 26 from line 25. If line 26 is more than line 25, errier -0  This is your <b>taxable income.</b>	27,102
claimed as a dependent,	$\frac{1}{2}$	
see	28 Tax, including any alternative minimum tax (see inst.) 29 Excess advance premium tax credit repayment. Attach	
instructions.  • All others:	Form 8962. 29	
Single or	30	3,603
Married filing separately,	<ul><li>30 Add lines 28 and 29.</li><li>31 Credit for child and dependent care expenses. Attach</li></ul>	
\$6,350	Form 2441. 31	
Married filing jointly or	22 Credit for the elderly or the disabled, Attach Schedule R. 32	
Qualifying	33 Education credits from Form 8863, line 19. 33 2,000	
widow(er),   \$12,700	34 Retirement savings contributions credit. Attach Form 8880. 34	
Head of	35 Child tax credit. Attach Schedule 8812, if required. 35	
household, \$9,350	36 Add lines 31 through 35. These are your total credits.	2,000
7-,	37 Subtract line 36 from line 30. If line 36 is more than line 30, enter -0	1,603
	38 Health care: individual responsibility (see instructions). Full-year coverage	1 (02
	39 Add line 37 and line 38. This is your total tax.	1,603
	Federal income tax withheld from Forms W-2 and 1099. 40 4, 207	
	41 2016 estimated tax payments and amount applied	
If you have	from 2016 return. 41	
a qualifying	42a Earned income credit (EIC).	
child, attach	b Nontaxable combat pay election. 42b	
Schedule EIC.	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 i offi 6502.	4,207
	46 Add lines 40, 41, 42a, 43, 44, and 45. These are your total payments.   46 46	
	47 If line 46 is more than line 39, subtract line 39 from line 46.	2,604
Refund	This is the amount you overpaid.  48a Amount of line 47 you want refunded to you. If Form 8888 is attached, check here 48a	2,604
Direct deposit? See instructions	b Routing 1 0 1 0 8 9 7 4 2 ▶ c Type: ☐ Checking ☐ Savings	
and fill in 48b,		
48c, and 48d or	Account 7 9 3 3 9 2 2 3 7 2	
Form 8888.	49 Amount of line 47 you want applied to your	
	2018 estimated tax.	
	50 Amount you owe. Subtract line 46 from line 39. For details on how to pay,	
Amount	see instructions.	
you owe	51 Estimated tax penalty (see instructions). 51  X Yes. Complete	the following. No
	Do you want to allow another person to discuss this return was another person to discuss the discussion of the person to discuss the person the person to discuss the person to	
Third party	Designee's	▶ 34638
designee	name HRB TAX GROUP INC no. 440-372-0423 name and state	ments and to the
Sign	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and state best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of incom best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of incom	e I received during rer has any knowledge.
here	the tax year. Declaration of preparer (other than the taxpayor) to be appropriate Day	time phone number
	Your signature of The Control of the	0-876-3672
Joint return? See instructions.	Spouse's signature If a joint rtn., both must sign. Date Spouse's occupation If the	e IRS sent you an Identity ection PIN, r it here inst.)
Keep a copy for	Spouse's signature. If a joint rtn., <b>both</b> must sign. Date Spouse's occupation Prote	rithere inst.)
your records.	Preparer's signature Date Check ▶ if	PTIN
	Print/Type preparer's name 01-26-2018 self-employed	P00567633
i cina	JANET ELIDER Firm's EIN ▶ 4318	71840
101010000	Phone no.	
use only	STRONGSVILLE OH 44136 (440) 572-04	2 9 Form <b>1040A</b> (2017)
	O I I Company and I I I I I I I I I I I I I I I I I I I	rorm 1040A (2017)

# Education Credits (American Opportunity and Lifetime Learning Credits)

Attach to Form 1040 or Form 1040A.

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form8863 for instructions and the latest information.

Complete a separate Part III on page 2 for each student for whom you're claiming either credit

OMB No. 1545-0074

2017

Attachment Sequence No. **50** 

Name(s) shown on return

MICHAEL BICKELMEYER

Your social security number

CAUTI	hefore you complete Parts I and II.			
Part	i O. Jia			
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)			
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	1 1		
4	Subtract line 3 from line 2. If zero or less, <b>stop</b> ; you can't take any			
	education credit			
5	Enter: \$20,000 if married filing jointly; \$10,000 if single, head of household,	4		
•	or qualifying widow(er)			
6	If line 4 is:			
_	• Equal to or more than line 5, enter 1.000 on line 6		1	
	less than line 5, divide line 4 by line 5. Enter the result as a decimal (rounded to	6		
	at least three places)			
7	Multiply line 1 by line 6. Caution: If you were under age 24 at the end of the year and meet the conditions	5.50		
	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	7	-	
8	Refundable American opportunity credit. Multiply line 7 by 40% (0.40). Enter the amount nere and			
	on Form 1040, line 68, or Form 1040A, line 44. Then go to line 9 below	8		
Par	Nonrefundable Education Credits		Т	
9	Subtract line 8 from line 7. Enter here and on line 2 of the Credit Limit Worksheet (see instructions)	.   3	+-	
10	After completing Part III for each student, enter the total of all amounts from all Parts III, line 31. If	. 10		10,773
	zero, skip lines 11 through 17, enter -0- on line 18, and go to line 19	. 11	-	10,000
11	Enter the smaller of line 10 or \$10,000	. 12	-	2,000
12	Multiply line 11 by 20% (0.20)			
13	Enter: \$132,000 if married filing jointly; \$66,000 if single, head of	0		
	household, or qualifying widow(er)			
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	)2		
	Puerto Rico, see Publisho to the another to since 16 and 17 enter -0-			
15	on line 18, and go to line 19	8		
	and and it is a filling ignitive \$10,000 if single head of household.			
16	or qualifying widow(er)	00	214	
17	● Equal to or more than line 16, enter 1.000 on line 17 and go to line 18			
	the deal time to be like to be like to the result as a decimal (rounded to at least time	6.4		1 0000
		1	17	1.0000
	A Multiply line 12 by line 17. Enter here and on line 1 of the Credit Limit Worksneet (see instructions)	1	18	2,000
1	the standard adjusting credits. Enter the amount from line 7 of the Credit Limit Worksheet	- 4		2 000
1	(see instructions) here and on Form 1040, line 50, or Form 1040A, line 33	1	19	2,000
	(See instruction) note and entreme			Form 8863 (2017)

Your social security number

MICHAEL BICKELMEYER



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 I	Student and Educational Institution Information	on. See instructions.	
The state of the s	udent name (as shown on page 1 of your tax return)	21 Student social security number (as shown	on page 1 of your tax
		return)	
MICH	AEL BICKELMEYER		
22 Ec	ducational institution information (see instructions)		· · · · · · ·
a. Na	ame of first educational institution	b. Name of second educational institution (	ır any)
	ERSITY OF PHOENIX	(1) Address. Number and street (or P.O. bo	x) City town or post
0.00	Address. Number and street (or P.O. box). City, town or post	office, state, and ZIP code. If a foreign a	
	office, state, and ZIP code. If a foreign address, see instructions.	omoe, state, and 211 odder it a lereign e	,
	S RIVERPOINT PARK		
	NIX, AZ 85040	(2) Did the student receive Form 1098-T	
	Did the student receive Form 1098–T from this institution for 2017?	from this institution for 2017?	☐ Yes ☐ No
	Did the student receive Form 1098-T	(3) Did the student receive Form 1098-T	
	from this institution for 2016 with box  Yes  No	from this institution for 2016 with box	☐ Yes ☐ No
	2 filled in and box 7 checked?	2 filled in and box 7 checked?	
	Enter the institution's employer identification number (EIN)	(4) Enter the institution's employer identification	ation number
(4)	if you're claiming the American opportunity credit or if you	(EIN) if you're claiming the American op	
	checked "Yes" in (2) or (3). You can get the EIN from Form	if you checked "Yes" in (2) or (3) . You	
	1098–T or from the institution.	from Form 1098-T or from the institutio	
	94-2473210	9	
	<u> </u>	<b>对</b>	
23	Has the Hope Scholarship Credit or American opportunity	Yes Stop!	
	credit been claimed for this student for any 4 tax years	Go to line 31 for this student. No	Go to line 24.
	before 2017?		
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	П	
	at an eligible educational institution in a program leading towards a		Stop! Go to line 31
	postsecondary degree, certificate, or other recognized	for thi	s student.
	postsecondary educational credential? See instructions.		
25	Did the student complete the first 4 years of postsecondary	Yes Stop!	Go to line 26.
	education before 2017? See instructions.		GO to line 20.
		student.	
26	Was the student convicted, before the end of 2017, of a	Yes Stop!	- Complete lines 27
	felony for possession or distribution of a controlled	1 GO TO INTO OT TOTAL	gh 30 for this student.
	substance?	thou the	gir oo ior and diagram
V	You can't take the American opportunity credit and the life	time learning credit for the same student in the	same year. If
00115	you complete lines 27 through 30 for this student, don't co	mplete line 31.	
CAU	TION		
	American Opportunity Credit	iter more than \$4 000	27
27	Adjusted qualified education expenses (see instructions). Don't er Subtract \$2,000 from line 27. If zero or less, enter -0-	itol lilolo tilati 4 ije -	28
28	Subtract \$2,000 from line 27. If zero or less, enter -u		29
29	Multiply line 28 by 25% (0.25)  If line 28 is zero, enter the amount from line 27. Otherwise, add \$2	.000 to the amount on line 29 and	
30	enter the result. Skip line 31. Include the total of all amounts from a	all Parts III. line 30, on Part I, line 1	30
	Lifetime Learning Credit  Adjusted qualified education expenses (see instructions). Include to	he total of all amounts from all Parts	
31	Adjusted qualified education expenses (see instructions). Include till, line 31, on Part II, line 10		31 10,77
	III, line 31, on Part II, line 10		Farm 9963 (2017

FDA

Department of the Treasury Internal Revenue Service

Taxpayer's name

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

Social security number

2017

MICHAEL BICKELMEYER	
spouse's name	Spouse's social security number
Part I Tax Return Information Tax Year Ending December 31, 2016	(Whole Dollars Only)
10.40 F 10.40	1 37,502
- 10.104 E 00 F 10.40[7 line 10]	<b>2</b> 1,603
2 Total tax (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 12)	1 000
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 40; Form 1040EZ, line 7)	5.504
4 Refund (Form 1040, line 76a; Form 1040A, line 48a; Form 1040EZ, line 13a; Form 1040-SS, Par	,
5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)  Part II Taxpayer Declaration and Signature Authorization (Be sure you ge	
Under penalties of perjury, I declare that I have examined a copy of my electronic individual income to statements for the tax year ending December 31, 2017, 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 constrainsmitter, 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 refundapplicable, 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 refund u.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must concern 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 personal signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Concern tax authorize the ERO firm name.	risite, coned, and complete. Traiting the service provider, IRS (a) an acknowledgment of receipt or and, and (c) the date of any refund. If nic funds withdrawal (direct debit) entry to the owed on this return and/or a payment of main in full force and effect until I notify the ontact the U.S. Treasury Financial Agent at or to the payment (settlement) date. I also reive confidential information necessary al identification number (PIN) below is my insent.
I will enter my PIN as my signature on my tax year 2017 electronically filed income tax return. On own PIN and your return is filed using the Plactitioner PIN method. The ERO must complete Figure 1. Such and Date	Part III below.
Spouse's PIN: check one box only	enerate my PIN
ERO firm name	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. own PIN and your return is filed using the Practitioner PIN method. The ERO must complete	Tarin bolow
Spouse's signature Da	ate -
Practitioner PIN Method Returns Only o	
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 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) he Practitioner PIN method and Publication 13
ERO's signature ▶ <u>450616</u>	ate $\triangleright 1/26/2018$
ERO Must Retain This Form — See Inst Do Not Submit This Form to the IRS Unless Requ	ructions uested To Do So

1040A	U.S. Individual Income Tax I		6 IRS Use Only	- Do not wri	te or staple in this space.
				0	MB No. 1545-0074
	e F		in the second	Varman	eial eacurity number
				Spouse	's social security no.
MICHA	EL BICKELMEYER				ke sure the SSN(s) above I on line 6c are correct.
300 1	PEARL ROAD			Dunniele	ential Election Campaign
	SWICK OH 44212			Check he	ere if you, or your spouse if itly, want \$3 to go to this fund. g a box below will not change
	1 X Single	4	Head of household (wi		person). (See instructions.)
Filing	2 Married filing jointly (even if only one		-		ut not your dependent,
status	3 Married filing separately. Enter spou		enter this child's name		
Check only one box.	and full name here. ▶	5			ent child (see instructions)
Exemptions	6a X Yourself. If someone can claim yo				Boxes
Evelibrions	Light.	•			checked on 6a and 6b 1
	b Spouse		212		N. d.L.V.
	c Dependents:	(2) Dependent's social security number	(3) Dependent's relationship	(4) √if chill under age 1 qualifying f	or lived with
If more	(1) First name Last name		to you	(see inst.)	
than six depend-				+H-	did not live with you due
ents, see				+-+-	to divorce or separation
inst.			<u> </u>	+++-	(see inst.)
					Dependents on 6c not
				+++-	entered above
	d Total number of exemptions claimed				Add numbers on lines above
Income					20.012
Attach Form(s)	7 Wages, salaries, tips, etc. Attach For			7	39,213
W-2 here.	8a Taxable interest. Attach Schedule B		*	8a	
Also attach	b Tax-exempt interest. Do not includ		b		
Form(s) 1099-R	9a Ordinary dividends. Attach Schedule		b	9a	
withheld.	b Qualified dividends (see instructions		ID	10	
	10 Capital gain distributions (see instru	11b Taxable a	nount	10	
If you did not	11a IRA distributions. 11a	(see instru		11b	
get a W-2, see	12a Pensions and	12b Taxable a			
instructions.	annuities. 12a	(see instru		12b	
	13 Unemployment compensation and	Alaska Permanent Fund div	ridends.	13	
	14a Social security	14b Taxable a	mount		
201	benefits. 14a	(see instru	uctions).	14b	
er er	15 Add lines 7 through 14b (far right c	olumn). This is your total i	income.	▶ 15	39,213
Adjusted	-	5			
gross	16 Educator expenses (see instruction		16	A CONTRACTOR OF THE PARTY OF TH	
income	17 IRA deduction (see instructions).		17	254	
	18 Student loan interest deduction (se	e instructions).	18	234	
	19 Tuition and fees. Attach Form 8917		19		
	20 Add lines 16 through 19. These are			20	25
	21 Subtract line 20 from line 15. This i	s your adjusted gross inc	come.	▶ 21	
	Brivery Act and Panaryork Reduction Act				Form 1040A (2016)

Form 1040A (2016)			BICKELME	YER								Page 2
	22		unt from line 21		ross income)					22	38	,959
Tax, credits,	450404000000000000	Check	You were born			Blir	nd T	Total boxes	3		-	- Carlotte Control Con
and		it:	Spouse was b			H Blir	nd _	checked	▶ 23a			
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People who check any	26		Multiply \$4,050 l				1101			26		1,050
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who can be	61		axable income.	1 11116 20 19	more triair in	6 20, O	1101 0	•	1	> 27	28	3,609
claimed as a dependent,	00		any alternative	minimum 1	av (ego inet )		28		3,83			
see	28					•	20		3,00			
instructions.  • All others:	29		nce premium tax	cledir lebe	tyrnerit. Attaci	1	29					
Single or		Form 8962.	1.00				23			30		3,830
Married filing separately,	30	Add lines 28			Amarta							37000
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\$9,300	36		through 35. The							36		3,830
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	38		individual respor			). Full-y	ear cov	rerage	X	38		3,830
	39		and line 38. This						1 2	39		3,030
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	41	2016 estimat	ed tax payments	and amou	ant applied							
If you have		from 2015 re					41			marcaners		
a qualifying	42a		me credit (EIC)				42a			gg_gl/s)-ristates		
child, attach Schedule	b		combat pay elec	AND RESIDENCE OF PERSONS ASSESSED.								
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Bay Change	44		portunity credit				44		2	04		
	45		n tax credit. Attac				45			▶ 46		4,515
	46		), 41, 42a, 43, 44				payme	nts.		7 40		4,010
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11016116	48a	Amount of li	ine 47 you want	retunded	to you. It For	m 8888	s is allac	illed, check i	1616	1 400		
Direct deposit?	<b>▶</b> b				ı	<b>N</b> 0	Туре:	X Checking	. П	Savings		
See instructions		number				70	type.	N OHOWING				
and fill in 48b, 48c, and 48d or	. <b>▶</b> ¢											
Form 8888.	-	number										
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you owe	enquelant	see instruct			.1		51					
, Jou 0110	51	Estimated t	ax penalty (see i	nstructions	i).	a with t		lena instruction	ns)? X	Yes. Com	plete the followi	ng. No
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			B TAX GRO			25-2			na enha	dulae and	statements, and	to the
Sign	bes	at of my knowle	of perjury, I decla edge and belief, aration of prepar	they are tr	ue, correct, ar	nd accu	rately li	st all amounts	s and so	urces of In hich the pr	reparer has any	knowledge.
here	the	tax year. Deci	aration of prepar	er (other t	nan tne taxpa; Date	yer) is i	Jasou V	ccupation	1011 01 111		Daytime phone	
Joint return?	N YO	ur signature			~ 610			RITY O	FFIC	E		
See instructions.	-		If a joint rtn., both	must sine	Date		-	e's occupatio			if the IRS sent you Protection PIN, enter it here (see inst.)	an Identity
Keep a copy for	<b>∦</b> Sp	ouse's signature.	n ajvintrin., won	e maaraidhe	-CIL				COCOTORS INChANGE		enter it here (see inst.)	
your records.	brigat Ita	e preparer's n	ame	Preparer	s signature		La separate unite	Date		Check ▶	if PTIN	
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Bralagra	irm's n	Control of the Contro	3500 PEA		AND DESCRIPTION OF THE PARTY OF	135			Phone	no.		
		ddress ▶ 1	-	36					4405	72042	9	40A (004C)

# **Premium Tax Credit (PTC)**

Your social security number

OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

Name shown on your return

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

Sequence No. 73

ou cannot claim the PT							
	C if your filing status is marr	ied filing separately unless	s you qualify for an exce	otion (see instructions). If	you qualify, chec	k the bo	х.
arit   Annua	al and Monthly Co	ntribution Amou	nt				
1 Tax family size	e. Enter the number of e	xemptions from Form	1040 or Form 1040A	, In. 6d, or Form 104	DNR, In. 7d	1	1
	Enter your modified		b Enter the tot	al of your dependent	s' modified		
	uctions)	2a 38,95	9 AGI (see ins	tructions)		2b	
3 Household in	come. Add the amounts					3	38,959
4 Federal pove	rty line. Enter the federa	poverty line amount f	rom Table 1-1, 1-2,	or 1-3 (see instruction	ns). Check		
the appropria	ite box for the federal po	overty table used. a	Alaska b Haw	aii c X Other 48 st	ates and DC	4	11,770
5 Household in	come as a percentage of	of federal poverty line (	see instructions) · ·			5	331 %
	401% on line 5? (See i						
promote	nue to line 7.						
Yes. You	are not eligible to take the	he PTC. If advance pa	yment of the PTC wa	as made, see the inst	ructions for		
how to repor	t your excess advance F	TC repayment amour	nt.				2 2266
7 Applicable F	igure. Using your line 5	percentage, locate you	r "applicable figure"	on the table in the in	structions	7	0.0966
Re Annual contr	ibution amount. Multiply		b Monthly co	ntribution amount. Di	vide line 8a		
1-1-1-1-11-n	7. Round to nearest amount	. 8a 3,	763 by 12. Rou	nd to nearest whole	dollar amount	dis	314
Dear	sium Tay Cradit C	laim and Recond	illation of Adva	ance Payment o	f Premium	Tax C	redit
Q Are you allow	rating policy amounts W	ith another taxpayer or	do you want to use	the alternative calcul	lation for year o	n marna	ige (see man.):
Yes. Skir	to Part IV, Allocation of	Policy Amounts, or Pa	art V, Alternative Cald	culation for Year of M	larriage. X N	lo. Cont	inue to line 10.
10 See the inst	ructions to determine if	ou can use line 11 or	must complete lines	12 through 23.			
Yes. Cor	ntinue to line 11. Compu	te your annual PTC. T	hen skip lines 12-23	IXI	No. Continue 1	o lines	12-23. Compute
and continu		, , , , , , , , , , , , , , , , , , ,		yo			ontinue to line 24.
	(a) Annual enrollment	(b) Annual applicable	(C) Annual	(d) Annual maximum	(e) Annual pre	mium	(f) Annual advance payment of PTC
Annual	premiums (Form(s)	SLCSP premium (Form(s) 1095-A,	contribution amount (line 8a)	premium assistance (subtract (c) from (b), if	tax credit allo (smaller of (a)		(Form(s) 1095-A
Calculation	1095-A, line 33A)	line 33B)		zero or less, enter-0-)	(arrialer or (a)	G. (G/)	line 33C)
						1	
11 Annual Totals					700000000000000000000000000000000000000	100	7/50104-0127
11 Annual Totals	(a) Monthly enrollment	(b) Monthly applicable	(C) Monthly contribution amount	(d) Monthly maximum	(e) Monthly pro		payment of PTC
Monthly	(a) Monthly enrollment premiums (Form(s)	SLCSP premium (Form (s) 1095-A, lines	(C) Monthly contribution amount (amount from line 8b or alternative marriage	premium assistance (subtract (c) from (b), if	tax credit all	owed	(Form(s) 1095-A, lines
	(a) Monthly enrollment	SLCSP premium (Form (s) 1095-A, lines 21-32, column B)	(amount from line 8b or alternative marriage monthly contribution)	premium assistance (subtract (e) from (b), if zero or less, enter -0-)		owed or (d))	payment of PTC (Form(s) 1095-A, lines 21-32, column C)
Wonthly	(a) Monthly enrollment premiums (Form(s) 1095–A, lines 21–32, column A)	SLCSP premium (Form (\$) 1095-A, lines 21-32, column B) 421	(amount from line 85 or alternative marriage monthly contribution)	premium assistance (subtract (c) from (b), if zero or less; enter-0-)	tax credit all (smaller of (a)	owed or (d)) 107	payment of PTC (Form(s) 1095-A, lines 21-32, column C)
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) 4 5 5	SLCSP premium (Form (s) 1095–A, lines 21–32, column B) 421 841	(amount from line 8b or alternative marriage monthly contribution)  314  314	premium assistance (subtract (s) from (b), if zero or less; enter -0-)  107 527	tax credit all (smaller of (a)	owed or (d)) 107 455	payment of PTC (Form(s) 1095-A, line: 21-32, column C) 20
Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A) 455 455	SLCSP premium (Form (s) 1095–A, lines 21–32, column B) 421 841 421	(amount from line 3b or alternative marriage monthly contribution)  314 314 314	premium assistance (subtract (e) from (b), if zero or less; enter -0-)  107 527	tax credit all (smaller of (a)	owed or (d)) 107 455 107	payment of PTC (Form(s) 1095-A, line: 21-32, column C)  20  11  11
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Department of the Treasury

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

MICHAEL BICKELMEYER	line 13a)  Ind keep a copy return and accontinue, correct, and to allow my inte  (a) an acknow and (c) the date funds withdrawa ed on this return in in full force and the U.S. Treaso the payment (see confidential info	security numbers of the security numbers of se	38,959 3,830 4,211 685  turn) chedules and I further ervice provider, of receipt or and. If bit) entry to the ayment of il I notify the ial Agent at date. I also
Part I Tax Return Information — Tax Year Ending December 31, 2016 (W. 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	line 13a)  Ind keep a copy return and accontrue, correct, and it to allow my inte in (a) an acknow and (c) the date funds withdrawa ed on this return in full force and act the U.S. Treas to the payment (se e confidential info	nly)  1 2 3 4 5 rof your rempanying so domplete. ermediate sew led gment of any refue and/or a part of effect until sury Financisettlement) dommation ne	38,959 3,830 4,211 685  turn) chedules and I further ervice provider, of receipt or and. If bit) entry to the ayment of il I notify the ial Agent at date. I also
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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, Part I,  5 Amount you owe (Form 1040, line 78; Form 1040A, line 50; Form 1040EZ, line 14)  Part II Taxpayer Declaration and Signature Authorization (Be sure you get all Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax in statements for the tax year ending December 31, 2016, and to the best of my knowledge and belief, it is to declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic dinancial institution account indicated in the tax preparation software for payment of my federal taxes owe estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contain 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to authorize the financial institutions involved in the processing of the electronic payment of taxes to receive	line 13a)  Ind keep a copy return and accontrue, correct, and to allow my inte (a) an acknow and (c) the date funds withdrawated on this return in in full force and the U.S. Treas to the payment (see confidential info	y of your rempanying so d complete. ermediate se wiedgment of any refuel (direct del and/or a part deffect until sury Financiastilement) dommation ne	3,830 4,211 685  turn)  chedules and I further ervice provider, of receipt or and. If bit) entry to the ayment of II notify the ial Agent at date. I also
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Taxpayer's PIN: check one box only  I authorize HRB TAX GROUP INC to enter or general ERO firm name as my signature on my tax year 2016 electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2016 electronically filed income tax return. Check own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part	En no	nter five dig ot enter all a ly if you are	
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ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.	Do	not enter a	all zeros
I certify that the above numeric entry is my PIN, which is my signature for the tax year 2016 electronical indicated above. I confirm that I am submitting this return in accordance with the requirements of the Findbook for Authorized IRS e-file Providers of Individual Income Tax Returns.	1400000101		
ERO's signature Date	▶ <u>02-07-2</u>	2017	