



Internal Revenue Service

United States Department of the Treasury
PHILADELPHIA, PA 19255-1498

Tracking ID: 100139981477
Date of Issue: 07-31-2012

027632.998205.0104.003 1 AT 0.374 862



MICHAEL BICKELMEYER
6903 YORK RD APT 212
PARMA HTS, OH 44130

27632

Tax Period: December, 2007

Information about the Request We Received

In this letter, we'll report the status of the request we received.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 07-31-2012
Response Date: 07-31-2012
Tracking Number: 100139981477

Wage and Income Transcript

SSN Provided:
Tax Period Requested: December, 2007

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):223262806
U.S. SECURITY ASSOCIATES INC.
200 MANSELL COURT 5
ROSWELL, GA 30076-4852

Employee:
Employee's Social Security Number:
MICHAEL BICKELMEYER
OH 44109-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$30.00
Federal Income Tax Withheld:	\$3.00
Social Security Wages:	\$30.00
Social Security Tax Withheld:	\$1.00
Medicare Wages and Tips:	\$30.00
Medicare Tax Withheld:	\$0.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Advanced EIC Payment:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):223262806
U.S. SECURITY ASSOCIATES INC.
200 MANSELL COURT 5
ROSWELL, GA 30076-4852

Employee:
Employee's Social Security Number:

127632

Tracking Number: 100139981477

MICHAEL BICKELMEYER
OH 44109-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$315.00
Federal Income Tax Withheld:.....\$26.00
Social Security Wages:.....\$315.00
Social Security Tax Withheld:.....\$19.00
Medicare Wages and Tips:.....\$315.00
Medicare Tax Withheld:.....\$4.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Advanced EIC Payment:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):223262806
U.S. SECURITY ASSOCIATES INC.
200 MANSELL COURT 5
ROSWELL, GA 30076-4852

Employee:
Employee's Social Security Number:
MICHAEL BICKELMEYER
OH 44109-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$10,281.00
Federal Income Tax Withheld:.....\$793.00
Social Security Wages:.....\$10,281.00
Social Security Tax Withheld:.....\$637.00
Medicare Wages and Tips:.....\$10,281.00
Medicare Tax Withheld:.....\$149.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Advanced EIC Payment:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00

Tracking Number: 100139981477
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):341018465
MINUTE MEN OF OHIO INC.
3740 CARNEGIE AVENU
CLEVELAND, OH 44115-2692

Employee:
Employee's Social Security Number:
MICHAEL BICKELMEYER
1701 PAYNE AVE.
CLEVELAND, OH 44114-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$45.00
Federal Income Tax Withheld:.....\$0.00
Social Security Wages:.....\$45.00
Social Security Tax Withheld:.....\$2.00
Medicare Wages and Tips:.....\$45.00
Medicare Tax Withheld:.....\$0.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Advanced EIC Payment:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation
plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation
plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):341529684
AREA TEMPS
1148 EUCLID AVE STE 411
CLEVELAND, OH 44115-0000

Employee:
Employee's Social Security Number:
MICHAEL BICKELMEYER
4029 MEMPHIS AVE. #
CLEVELAND, OH 44109-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$99.00
Federal Income Tax Withheld:.....\$41.00
Social Security Wages:.....\$99.00
Social Security Tax Withheld:.....\$6.00
Medicare Wages and Tips:.....\$99.00

127632

Tracking Number: 100139981477

Medicare Tax Withheld:.....	\$1.00
Social Security Tips:.....	\$0.00
Allocated Tips:.....	\$0.00
Advanced EIC Payment:.....	\$0.00
Dependent Care Benefits:.....	\$0.00
Deferred Compensation:.....	\$0.00
Code "Q" Nontaxable Combat Pay:.....	\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....	\$0.00
Code "R" Employer's Contribution to MSA:.....	\$0.00
Code "S" Employer's Contribution to Simple Account:.....	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....	\$0.00
Code "V" Income from exercise of non-statutory stock options:.....	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....	\$0.00
Third Party Sick Pay Indicator:.....	Unanswered
Retirement Plan Indicator:.....	Unanswered
Statutory Employee:.....	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):362951565
MCDONALDS REST. OF OHIO INC
2111 MCDONALDS DRIVE
OAK BROOK, IL 60523-2199

Employee:

Employee's Social Security Number:.....
MICHAEL BICKELMEYER
4701 BROADVIEW RD APT 9
CLEVELAND, OH 44109-4647

Submission Type:.....	Original document
Wages, Tips and Other Compensation:.....	\$185.00
Federal Income Tax Withheld:.....	\$0.00
Social Security Wages:.....	\$185.00
Social Security Tax Withheld:.....	\$11.00
Medicare Wages and Tips:.....	\$185.00
Medicare Tax Withheld:.....	\$2.00
Social Security Tips:.....	\$0.00
Allocated Tips:.....	\$0.00
Advanced EIC Payment:.....	\$0.00
Dependent Care Benefits:.....	\$0.00
Deferred Compensation:.....	\$0.00
Code "Q" Nontaxable Combat Pay:.....	\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....	\$0.00
Code "R" Employer's Contribution to MSA:.....	\$0.00
Code "S" Employer's Contribution to Simple Account:.....	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....	\$0.00
Code "V" Income from exercise of non-statutory stock options:.....	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....	\$0.00
Third Party Sick Pay Indicator:.....	Unanswered
Retirement Plan Indicator:.....	Unanswered
Statutory Employee:.....	Not Statutory Employee

Form 1099-G

Payer:

Tracking Number: 100139981477
Payer's Federal Identification Number (FIN):311334822
STATE OF OHIO
DEPARTMENT OF TAXATION
PO BOX 2476
COLUMBUS, OH 43216-2476

Recipient:
Recipient's Identification Number:.....
BICKELMEYER, MICHAEL
4029 MEMPHIS AVE APT 2
CLEVELAND, OH 44109-0000

Submission Type:.....Original document
Account Number (Optional):.....17.04.42.378514
ATAA Payments:.....0.00
Tax Withheld:.....0.00
Taxable Grants:.....0.00
Unemployment Compensation:.....0.00
Agricultural Subsidies:.....0.00
Prior Year Refund:.....\$135.00
Year of Refund:.....2006
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

Form 1099-INT

Payer:
Payer's Federal Identification Number (FIN):341586030
KEYBANK NATIONAL ASSOCIATION
MS OH 01 51 0633
P O BOX 93885
CLEVELAND, OH 44101-5885

Recipient:
Recipient's Identification Number:
MICHAEL BICKELMEYER
4024 MEMPHIS AVE
CLEVELAND, OH 44109-0000

Submission Type:.....Original document
Account Number (Optional):.....69904000470526300001
Interest:.....0.00
Tax Withheld:.....0.00
Savings Bonds:.....\$12.00
Investment Expense:.....0.00
Interest Forfeiture:.....0.00
Foreign Tax Paid:.....0.00
Second Notice Indicator:.....No Second Notice

Form 1099-MISC

Payer:
Payer's Federal Identification Number (FIN):311214968
PREMIER COURIER
2848 BANWICK RD
COLUMBUS, OH 43232-0000

Recipient:
Recipient's Identification Number:
BICKELMEYER, MICHAEL
4029 MEMPHIS AVE
CLEVELAND, OH 44109-0000

Submission Type:.....Original document
Account Number (Optional):.....00437218/JZY A
Tax Withheld:.....0.00
Non-Employee Compensation:.....\$80.00
Medical Payments:.....0.00

027632



Tracking Number: 100139981477

Fishing Income:.....	0.00
Rents:.....	0.00
Royalties:.....	0.00
Other Income:.....	0.00
Substitute Payments for Dividends:.....	0.00
Excess Golden Parachute:.....	0.00
Crop Insurance:.....	0.00
Attorney Fees:.....	0.00
Section 409A Deferrals:.....	0.00
Section 409A Income:.....	0.00
Direct Sales Indicator:.....	Not Direct Sales
Second Notice Indicator:.....	No Second Notice

This Product Contains Sensitive Taxpayer Data



Internal Revenue Service

United States Department of the Treasury
PHILADELPHIA, PA 19255-1498

Tracking ID: 100139981477
Date of Issue: 07-31-2012

027628.998205.0104.003 1 AT 0.374 699



MICHAEL BICKELMEYER
6903 YORK RD APT 212
PARMA HTS, OH 44130



027628

Tax Period: December, 2006

Information about the Request We Received

In this letter, we'll report the status of the request we received.

We're enclosing the relevant information from W-2 form, or forms, and/or 1099 information for the available tax period or periods.

If you have any questions about information contained in the transcripts or other enclosed information, please call us at the IRS telephone number listed in your local directory or at 1-800-829-0922.

Sincerely Yours,

Patricia LaPosta

Patricia LaPosta, Director
Electronic Products & Svcs Support

Enclosures:
Wage and Income



Internal Revenue Service

United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 07-31-2012
Response Date: 07-31-2012
Tracking Number: 100139981477

Wage and Income Transcript

SSN Provided:
Tax Period Requested: December, 2006

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):223262806
U.S. SECURITY ASSOCIATES INC.
200 MANSELL COURT 5
ROSWELL, GA 30076-4852

Employee:
Employee's Social Security Number:
MICHAEL BICKELMEYER
OH 44109-0000

Submission Type:.....	Original document
Wages, Tips and Other Compensation:.....	\$4,880.00
Federal Income Tax Withheld:.....	\$409.00
Social Security Wages:.....	\$4,880.00
Social Security Tax Withheld:.....	\$302.00
Medicare Wages and Tips:.....	\$4,880.00
Medicare Tax Withheld:.....	\$70.00
Social Security Tips:.....	\$0.00
Allocated Tips:.....	\$0.00
Advanced EIC Payment:.....	\$0.00
Dependent Care Benefits:.....	\$0.00
Deferred Compensation:.....	\$0.00
Code "Q" Nontaxable Combat Pay:.....	\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....	\$0.00
Code "R" Employer's Contribution to MSA:.....	\$0.00
Code "S" Employer's Contribution to Simple Account:.....	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....	\$0.00
Code "V" Income from exercise of non-statutory stock options:.....	\$0.00
Third Party Sick Pay Indicator:.....	Unanswered
Retirement Plan Indicator:.....	Unanswered
Statutory Employee:.....	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):341007493
OSS INC.
2592 ELM ROAD NE
WARREN, OH 44483-0000

Employee:
Employee's Social Security Number:
MICHAEL BICKELMEYER
4029 MEMPHIS AVE.

027628



Tracking Number: 100139981477

CLEVELAND, OH 44109-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$7,190.00
Federal Income Tax Withheld:	\$819.00
Social Security Wages:	\$7,190.00
Social Security Tax Withheld:	\$444.00
Medicare Wages and Tips:	\$7,190.00
Medicare Tax Withheld:	\$104.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Advanced EIC Payment:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):341259106
MARC GLASSMAN INC
5841 WEST 130TH STRE
PARMA, OH 44130-0000

Employee:

Employee's Social Security Number:
MICHAEL BICKELMEYER
9934 PLEASANT LAKE
PARMA, OH 44130-0000

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$2,305.00
Federal Income Tax Withheld:	\$117.00
Social Security Wages:	\$2,305.00
Social Security Tax Withheld:	\$142.00
Medicare Wages and Tips:	\$2,305.00
Medicare Tax Withheld:	\$33.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Advanced EIC Payment:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):341831226
NAVCO OF YORK ROAD INC
10400 W SPRAGUE ROAD
PARMA, OH 44130-0000

Employee:
Employee's Social Security Number:
MICHAEL BICKELMEYER
9934 PLEASANT LAKE STE. T-413
PARMA, OH 44130-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$1,094.00
Federal Income Tax Withheld:.....\$100.00
Social Security Wages:.....\$1,094.00
Social Security Tax Withheld:.....\$67.00
Medicare Wages and Tips:.....\$1,094.00
Medicare Tax Withheld:.....\$15.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Advanced EIC Payment:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00
Code "Q" Nontaxable Combat Pay:.....\$0.00
Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....\$0.00
Code "R" Employer's Contribution to MSA:.....\$0.00
Code "S" Employer's Contribution to Simple Account:.....\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
Code "V" Income from exercise of non-statutory stock options:.....\$0.00
Third Party Sick Pay Indicator:.....Unanswered
Retirement Plan Indicator:.....Unanswered
Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
Employer Identification Number (EIN):611298465
JBM INC.
33 WEST SECOND ST
MAYSVILLE, KY 41056-0000

Employee:
Employee's Social Security Number
MICHAEL BICKELMEYER
4024 MEMPHIS AVENUE
CLEVELAND, OH 44109-0000

Submission Type:.....Original document
Wages, Tips and Other Compensation:.....\$200.00
Federal Income Tax Withheld:.....\$20.00
Social Security Wages:.....\$200.00
Social Security Tax Withheld:.....\$12.00
Medicare Wages and Tips:.....\$200.00
Medicare Tax Withheld:.....\$2.00
Social Security Tips:.....\$0.00
Allocated Tips:.....\$0.00
Advanced EIC Payment:.....\$0.00
Dependent Care Benefits:.....\$0.00
Deferred Compensation:.....\$0.00

027628



Tracking Number: 100139981477

Code "Q"	Nontaxable Combat Pay:.....	\$0.00
Code "W"	Employer Contributions to a Health Savings Account:.....	\$0.00
Code "Y"	Deferrals under a section 409A nonqualified Deferred Compensation plan:.....	\$0.00
Code "Z"	Income under section 409A on a nonqualified Deferred Compensation plan:.....	\$0.00
Code "R"	Employer's Contribution to MSA:.....	\$0.00
Code "S"	Employer's Contribution to Simple Account:.....	\$0.00
Code "T"	Expenses Incurred for Qualified Adoptions:.....	\$0.00
Code "V"	Income from exercise of non-statutory stock options:.....	\$0.00
	Third Party Sick Pay Indicator:.....	Unanswered
	Retirement Plan Indicator:.....	Yes
	Statutory Employee:.....	Not Statutory Employee

This Product Contains Sensitive Taxpayer Data