

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20 \_\_\_\_\_ See separate instructions.

Your first name and middle initial: MICHAEL Last name: BICKELMEYER Your social security number: \_\_\_\_\_
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. BRUNSWICK State: OH ZIP code: 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. [ ] You [ ] Spouse

Filing Status [X] Single [ ] Married filing jointly (even if only one had income) [ ] Married filing separately (MFS) [ ] Head of household (HOH)
Check only one box. [ ] Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: \_\_\_\_\_

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) [ ] Yes [X] No

Standard Deduction Someone can claim: [ ] You as a dependent [ ] Your spouse as a dependent [ ] Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: [ ] Were born before January 2, 1959 [ ] Are blind Spouse: [ ] Was born before January 2, 1959 [ ] Is blind

Table with 4 columns: (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Check the box if qualifies for (see inst.): Child tax credit, Credit for other dependents.

Income 1a Total amount from Form(s) W-2, box 1 (see instructions) 1a 72,995
1b Household employee wages not reported on Form(s) W-2 1b
1c Tip income not reported on line 1a (see instructions) 1c
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions) 1d
1e Taxable dependent care benefits from Form 2441, line 26 1e
1f Employer-provided adoption benefits from Form 8839, line 29 1f
1g Wages from Form 8919, line 6 1g
1h Other earned income (see instructions) 1h
1i Nontaxable combat pay election (see instructions) 1i
z Add lines 1a through 1h 1z 72,995

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
Attach Sch. B if required.
2a Tax-exempt interest 2a
2b Taxable interest 2b 72,995
3a Qualified dividends 3a
3b Ordinary dividends 3b
4a IRA distributions 4a
4b Taxable amount 4b
5a Pensions and annuities 5a
5b Taxable amount 5b
6a Social security benefits 6a
6b Taxable amount 6b

Standard Deduction for-
• Single or Married filing separately, \$13,850
• Married filing jointly or Qualifying surviving spouse, \$27,700
• Head of household, \$20,800
• If you checked any box under Standard Ded., see instructions.
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. [ ]
8 Additional income from Schedule 1, line 10 8
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 9 35
10 Adjustments to income from Schedule 1, line 26 10
11 Subtract line 10 from line 9. This is your adjusted gross income 11 73,030
12 Standard deduction or itemized deductions (from Schedule A) 12 13,850
13 Qualified business income deduction from Form 8995 or Form 8995-A 13
14 Add lines 12 and 13 14 13,850
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income 15 59,180

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2023)

Tax and Credits

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	8,326
17	Amount from Schedule 2, line 3	17	11
18	Add lines 16 and 17	18	8,337
19	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	8,337
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	8,337

Payments

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	6,091
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c		
26	2023 estimated tax payments and amount applied from 2022 return	25d	6,091
27	Earned income credit (EIC)	27	
28	Additional child tax credit from Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Reserved for future use	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	6,091

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

Refund

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 <input type="checkbox"/>	35a	
b	Routing number XXXXXXXXXXXXXXXXXXXX		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Direct deposit? See instructions.

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe.	37	2,317
38	Estimated tax penalty (see instructions)	38	71

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) 84439

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. 4408763672 Email address MIBICKELMEYER@YAHOO.COM

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> Self-employed
<u>LEROY MEADOWS</u>		<u>02/19/2024</u>	<u>P02067479</u>	
Firm's name	Firm's address	Phone no.	Firm's EIN	
<u>HRB TAX GROUP INC</u>	<u>13500 PEARL RD UNIT 135 STRONGSVILLE OH 44136</u>	<u>440-572-0429</u>	<u>431871840</u>	

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

**SCHEDULE 1**  
(Form 1040)

**Additional Income and Adjustments to Income**

OMB No. 1545-0074

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Attachment  
Sequence No. **01**

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

**MICHAEL BICKELMEYER**

Your social security number

**Part I Additional Income**

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss			
b	Gambling	8a ( )		
c	Cancellation of debt	8b		
d	Foreign earned income exclusion from Form 2555	8c		
e	Income from Form 8853	8d ( )		
f	Income from Form 8889	8e		
g	Alaska Permanent Fund dividends	8f		
h	Jury duty pay	8g		
i	Prizes and awards	8h		
j	Activity not engaged in for profit income	8i		
k	Stock options	8j		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
n	Section 951(a) inclusion (see instructions)	8m		
o	Section 951A(a) inclusion (see instructions)	8n		
p	Section 461(l) excess business loss adjustment	8o		
q	Taxable distributions from an ABL account (see instructions)	8p		
r	Scholarship and fellowship grants not reported on Form W-2	8q		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8r		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8s ( )		
u	Wages earned while incarcerated	8t		
z	Other income. List type and amount:	8u		
	<u>ADDITIONAL TIP INCOME</u> 35	8z	35	
9	Total other income. Add lines 8a through 8z		9	35
10	Combine lines 1 through 7 and 9. This is your <b>additional income</b> . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	35

**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](http://www.irs.gov/Form1040) for instructions and the latest information.

**2023**

Attachment  
Sequence No. **02**

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

Your social security number

**Part I Tax**

1	Alternative minimum tax. Attach Form 6251 .....	1	
2	Excess advance premium tax credit repayment. Attach Form 8962 .....	2	11
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 .....	3	11

**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. If not required, check here .....	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) 2023