38 39 40	Subtract line 37 from line 36. If zero or less, enter -0
41 42	Add lines 21, 22, 30, 33, and 39
43	Subtract line 41 from line 1c
44	Figure the tax on the amount on line 21. If the amount on line 21 is less than \$100,000,
45	use the Tax Computation Worksheet
46	use the Tax Table to figure this tax. If the amount on line 1c is less than \$100,000,
47	use the Tax Computation Worksheet
	4,948.

Form 1040 Line 16

Qualified Dividends and Capital Gain Tax Worksheet Keep for your records

Mi	me(s) Shown on Return Chael Bickelmeyer	Social Security Number
1	Enter the amount from 5	
2	Enter the amount from Form 1040 or 1040-SR, line 15	
_		-
3	1040 or 1040-SR, line 3a 2	
	Are you filing Schedule D?	
	Yes. Enter the smaller of line 15	
	or 16 of Schedule D. If	
	either line 15 or 16 is blank	
	or loss, enter -0 3	
	No. Enter the amount from Form	
4	1040 or 1040-SR, line 7.	
5	Add lines 2 and 3	
6	Add lines 2 and 3	
•		The same of the sa
	\$40,000 if single or married filing separately,	
	\$80,000 if married filing jointly or qualifying widow(er),	
7	\$53,600 if head of household.	The state of the s
8	Enter the smaller of line 1 or line 6	
9	Enter the smaller of line 5 or line 7.	
0	Subtract line 8 from line 7 (this amount taxed at 0%) 9 Enter the smaller of line 1 or line 4	
1	Line the smaller of line 1 or line 4.	
2	Littor the amount from line 9	The state of the s
3	Subtract line 11 from line 10	
	\$441,450 if single,	**************************************
	\$248 300 if married fill	
	\$248,300 if married filing separately,	
	\$496,600 if married filing jointly or qualifying widow(er), \$469,050 if head of household.	
1.	Enter the smaller of line 4 and 1	
,	Enter the smaller of line 1 or line 13	
;	Add lines 5 and 9	
	Subtract line 15 from line 14. If zero or less, enter -0 16 Enter the smaller of line 12 or line 16	
	Multiply line 17 by 158/ (0.45)	No handing projection and
	Multiply line 17 by 15% (0.15)	18
	Add lines 9 and 17	
	Subtract line 19 from line 10	
		21
	\$100,000, use the Tay Table to figure the tay to	
	\$100,000, use the Tax Table to figure the tax. If the amount on line 5 is	
,	\$100,000 or more, use the Tax Computation Worksheet	22
1	Add lines 18, 21, and 22	23
	of the amount on the amount on line 4 is less the	
ç	5100,000, use the Tax Table to figure this tax. If the amount on line 1 is	
7	5100,000 or more, use the Tax Computation Worksheet.	24
	Fax on all taxable income. Enter the smaller of line 23 or line 24 here and on Form 1040 or 1040-SR, line 16.	
	3.11 1040 01 1040-3R, line 16	25

► Keep for your records

Name(s) Shown on Return	
Michael Bickelmeyer	Social Security Number

Traditional IRA Contributions

The second	olipution Avii ibrioliputio	ns	
Reg	ular Traditional IRA Contributions	Taxpayer	Spouse
1 2 3 4 5 6 7 8 9	Enter traditional IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a Roth IRA, and any excess contributions, but not including any rollovers. Also include any contributions to deemed IRAs under an employer plan Contributions recharacterized from a Roth IRA (from line 24) Traditional IRA contributions, from Schedule(s) K-1 Contributions recharacterized (not converted) to a Roth IRA. If there is a recharacterization indicated on line 4, an explanation must be attached to the tax return. Traditional IRA contributions. Combine lines 1 through 4 Enter any contribution included on line 5 withdrawn before the due date of the tax return. See Help Excess traditional IRA contribution credit Repayments of qualified reservist distributions		
Addit	ional Traditional IRA Contribution Information	Taxpayer	Spouse
10 11	Check if covered by a retirement plan at work. If married filing a separate return, check box in spouse column, if applicable Enter any contributions included on line 9 that were made during 1/1/2021 to 5/17/2021 (See Help)		
educ	tible and Non-deductible Traditional IRA Contributions	Taxpayer	Spouse
12 13	Deductible traditional IRA contributions from worksheet Nondeductible traditional IRA contributions from worksheet		
	QuickZoom to worksheet indicated by the check: IRA deduction worksheet ▶ Worksheet for social security recipients ▶		
5	Amount on line 13 you elect to make nondeductible Excess traditional IRA contributions, to Form 5329, line 15		
6 7 8	Deductible traditional IRA contributions, to Schedule 1 (Form 1040), Line 19		

► Keep for your records

Roth IRA Contributions

Reg	Illar Roth IDA Contail (1		
	ular Roth IRA Contributions	Taxpayer	Spouse
23 24 25 26 27 28	Enter regular Roth IRA contributions made for 2020, including any made between 1/1/2021 and 5/17/2021, any amounts later recharacterized to a traditional IRA, and any excess contributions, but not including any rollovers or conversions. Also include any contributions to deemed Roth IRAs under an employer plan. Contributions recharacterized from a traditional IRA, (from In 4). Roth IRA contributions, from Schedule(s) K-1. Enter contributions recharacterized to a traditional IRA. If there is a recharacterization indicated on line 23, an explanation must be attached to the tax return. Disallowed Roth IRA conversions Roth IRA contributions. Combine lines 20 through 23 Enter any contribution included on line 24 withdrawn before the due date of the tax return. See Help Excess Roth IRA contribution credit Total Roth IRA contributions Repayments of qualified Roth reservist distributions		
Roth	RA Contributions After Limitations	Taxpayer	Spouse
29 30	Roth IRA contributions after limitation		- Opouse
	Note: You may avoid a penalty by withdrawing the amount on line 31 before due date of return, including extensions.		
-	Coverdell Education Savings Account (Education	n IRA) Contril	butions
xces:	s Coverdell Education Savings Account Contributions	Taxpayer	Spouse
1	Enter any excess contributions made to Coverdell Education Savings Accounts (ESAs) of which you are the beneficiary		Opouse
	Note: You do not need to report any Coverdell ESA contributions which are not excess contributions		

Page 2

Name(s) Shown on Return
Michael Bickelmeyer

Social Security Number

	Fed	erai		State			Local	
+	Date	Amount	Date	Amount	ID	Date	Amount	ID
1 -	07/15/20		07/15/20			07/15/20		
2	07/15/20		07/15/20					
3	09/15/20				_	07/15/20		
, -	01/15/21		09/15/20		-	09/15/20		
-	01/13/21		01/15/21		-	01/15/21		
-					_			
-					-			
L								
	Estimated ments				1			
3 Y	Paymonts Oth	The latter to						
m	Payments Oth nultiple states, s	ee Tax Help)	lolding Fe	deral	Stat	e ID	Local	10
lΧ	es Withheld I	From:		Fo		T		
	Forme W 2				deral	State	Loc	cal
)	Forms W-2G				5,239			
)	Forms W-2G Forms 1099-F Forms 1099-N		C. 1099-K. 1099-G					583
	Forms W-2G Forms 1099-N Schedules K-2 Forms 1099-N		C, 1099-K, 1099-G					
	Forms W-2G Forms 1099-N Schedules K-' Forms 1099-N Social Security		C, 1099-K, 1099-G C					
	Forms W-2G Forms 1099-F Forms 1099-N Schedules K-7 Forms 1099-N Social Security Form 1099-B	MISC, 1099-NE01 To the state of the state o	C, 1099-K, 1099-G D					
	Forms W-2G Forms 1099-N Schedules K- Forms 1099-N Social Security Form 1099-B Other withhold Other withhold		C, 1099-K, 1099-G D Benefits Loc Loc					
a b c	Forms W-2G Forms 1099-R Schedules K-' Forms 1099-IN Social Security Form 1099-B Other withhold Other withhold Other withhold	MISC, 1099-NE0 I	C, 1099-K, 1099-G D					
a b c d	Forms W-2G Forms 1099-R Forms 1099-R Schedules K- Forms 1099-R Social Security Form 1099-B Other withhold Other withhold Other withhold Positive Adjust	MISC, 1099-NE0 I	C, 1099-K, 1099-G D Benefits Loc Loc Loc Loc Loc Loc Loc Lo					
a b c d e	Forms W-2G Forms 1099-R Forms 1099-R Schedules K- Forms 1099-R Social Security Form 1099-B Other withhold Other withhold Other withhold Positive Adjust Negative Adjust	MISC, 1099-NEO I	C, 1099-K, 1099-G D Benefits Loc Loc Loc Loc Loc Loc Loc Lo					
a b c d e	Forms W-2G Forms 1099-R Forms 1099-R Schedules K- Forms 1099-R Social Security Form 1099-B Other withhold Other withhold Other withhold Positive Adjust Additional Med	MISC, 1099-NEC I	C, 1099-K, 1099-G D Benefits St					
a b c	Forms W-2G Forms 1099-R Forms 1099-R Schedules K- Forms 1099-R Social Security Form 1099-B Other withhold Other withhold Other withhold Positive Adjus Negative Adjus Additional Med Total Withhold	Alsc, 1099-NEC In the second of the second	C, 1099-K, 1099-G D Benefits Loc Loc Loc Loc Loc Loc Loc Lo		5,239	1,23	88.	583
a b c d e f	Forms W-2G Forms 1099-R Forms 1099-R Schedules K- Forms 1099-R Social Security Form 1099-B Other withhold Other withhold Other withhold Positive Adjus Negative Adjus Additional Med Total Withhold	AllSC, 1099-NEC I	C, 1099-K, 1099-G D		5,239	1,23	88.	

Schedule A Lines 5 - 12

Tax and Interest Deduction Worksheet ► Keep for your records

av D	-		neyer							Social Se	Tanty realinger
		ıctions									
1 5	State	and local									
(1) li 2) N	lable Incornicome from Nontaxable	ne: n Form 1040, I income enters	line 7		Tax Tables					54,041.
(4) E	nter any a	dditional nonta	avable	incom	_	oo or tax.			* * * *	0.
b S	ales	Tax Per S	tate of Reside	ence.							54,041.
A	nter rizor	state in co na, Colorad	lumn (1), then lo, Louisiana, I olumn (4) to se	enter Missis	total (c	ombined) st lew York or ality for eac	tate and lo South Cal h state ent	cal sales t rolina only tered.	tax ra	ate in colum	n (4).
(1 S	1)	(2) Date	(3) Date		(4) nter	(5) State	(6) Local	(7)		(8)	(9)
t		Lived in State	Lived in State	Te	otal	Sales	Sales	Stat Sale	- 1	Local Sales	Prorated or Total
		From	To	Lo	ate & ocal e (%)	Tax Rate (%)	Tax Rate (% (4) - (5)		e	Tax Amount	Amount
	- -							7 01100			
	_ _		1	ł	1						-1
	- -							_			
Tot	al ge	eneral sale	s tax using tab	oles . ms (se	ee help	· · · · · · · · · · · · · · · · · · ·				,	
Tot Sal (1)		(2)	(3)	ns (s	ee nelp (4)):		(6)			(8)
(1)	S	(2) Total State &	obecure ifer	ns (s	ee nelp):) st	(6) Rate if		(7) Actual	(8) Specific
(1)	S	(2) Total	(3)	ns (s	ee nelp (4)):) st	(6)	Sa	(7)	
(1)	S	(2) Total State & Local	(3)	ns (s	ee nelp (4)):) st	(6) Rate if	Sa	(7) Actual ales Tax	Specific Item
(1)	S	(2) Total State & Local	(3)	ns (s	ee nelp (4)):) st	(6) Rate if	Sa	(7) Actual ales Tax Amount	Specific Item
(1)	S	(2) Total State & Local	(3)	ns (s	ee nelp (4)):) st	(6) Rate if	Sa	(7) Actual ales Tax Amount	Specific Item
(1) ST	SI	(2) Total State & Local Rate	(3) Description	ns (so	(4) Type	(5 Cos) st	(6) Rate if Different	Sá A	(7) Actual ales Tax Amount Paid	Specific Item Deduction
(1) ST	S L	(2) Total State & Local Rate es tax ded neral sales	(3) Description uction on spectax per tables	ific ite	(4) Type	(5) Cos) st	(6) Rate if Different	Sé A	(7) Actual ales Tax Amount Paid	Specific Item Deduction
(1) ST Tota	S I I I sal I ger	(2) Total State & Local Rate es tax ded neral sales State and L	(3) Description uction on spectax per tables	ific ite	(4) Type	(5 Co:	st E	(6) Rate if Different	Sa	(7) Actual ales Tax Amount Paid	Specific Item Deduction
(1) ST Tota	S I I I sal I ger	(2) Total State & Local Rate es tax ded neral sales State and L	(3) Description uction on spectax per tables	ific ite	(4) Type	(5 Co:	st E	(6) Rate if Different	Sa	(7) Actual ales Tax Amount Paid	Specific Item Deduction
(1) ST Tota Tota Actu Actu State	S I I sal I sal I ger	(2) Total State & Local Rate es tax ded neral sales State and L ales taxes (d Local Inc	(3) Description uction on spectax per tables cocal General enter the total come Taxes:	ific ite plus s Sales sales	(4) Type ms sales ta Tax:	(5): (5): (5): (7): (8): (8): (9): (9): (1): (1): (1): (1): (1): (1): (2): (3): (4): (5): (5): (6): (7): (7): (7): (8): (9): (1): (1): (1): (1): (1): (1): (1): (1	st E	(6) Rate if Different	See A	(7) Actual ales Tax Amount Paid	Specific Item Deduction
Total Actu State State State	S I I Sal I Sal I Sal Sal Sa e and e	(2) Total State & Local Rate es tax ded neral sales State and L ales taxes (d Local Inc d Local Ta	(3) Description uction on spectax per tables coal General enter the total come Taxes:	ific ite plus s Sales sales	(4) Type ms sales tas Tax: taxes p	x on specificated during	st E	(6) Rate if Different	Saa A	(7) Actual ales Tax Amount Paid	Specific Item Deduction
Total Actu State State Great Check	S I I sal I sal I ger ual S al sa e an ace ace an ace ace an ace	(2) Total State & Local Rate Ses tax ded neral sales State and L ales taxes (d Local Inc d Local Ta of line 1f, lin box to chool	(3) Description uction on spectax per tables .ocal General enter the total come Taxes: ome taxes x Deduction in e 1g, or line 1 ose to use income	iffic ite plus s Sales sales	(4) Type ms sales ta s Tax: taxes p	(5): (5): (6): (7): (8): (8): (8): (9): (9): (9): (1): (1): (1): (1): (1): (1): (1): (1	st C c items .	(6) Rate if Different	Sa A	(7) Actual ales Tax Amount Paid	Specific Item Deduction
Total Actu State State Great Checoprovi	S l l sal l sal l ger and sa e and ter cok a l des	(2) Total State & Local Rate Ses tax ded neral sales State and L ales taxes (d Local Inc d Local Ta of line 1f, lin box to choot the greatel	(3) Description uction on spectax per tables .ocal General enter the total come Taxes: ome taxes x Deduction in e 1g, or line 1 ose to use income deduction:	iffic ite plus s Sales sales to Scl h (to s	(4) Type ms	x on specificated during A, line 5a: le A, line 5a: id, sales tax	st c items .	(6) Rate if Different n all items	Sa A	(7) Actual ales Tax Amount Paid	Specific Item Deduction
Total Actu State State Great Checoprovi	S l l sal l sal l ger and sa e and ter cok a l des	(2) Total State & Local Rate Ses tax ded neral sales State and L ales taxes (d Local Inc d Local Ta of line 1f, lin box to choot the greatel	(3) Description uction on spectax per tables .ocal General enter the total come Taxes: ome taxes x Deduction in e 1g, or line 1 ose to use income	iffic ite plus s Sales sales to Scl h (to s	(4) Type ms	x on specificated during A, line 5a: le A, line 5a: id, sales tax	st c items .	(6) Rate if Different n all items	Sa A	(7) Actual ales Tax Amount Paid	Specific Item Deduction
Total Actu State State Great Check providence of the Control of th	S I I I sal I sal I ger and sal	(2) Total State & Local Rate les tax ded neral sales State and L ales taxes (d Local Inc d Local Inc d Local Cocal f line 1f, lin box to choo the greater faxes [(3) Description uction on spectax per tables .ocal General enter the total come Taxes: ome taxes x Deduction in e 1g, or line 1 ose to use income deduction:	iffic ite plus s Sales sales to ScI h (to Some ta	(4) Type ms sales ta s Tax: taxes p nedule Schedu axes pa	(5): (5) Cost X on specificated during A, line 5a: le A, line 5a: id, sales tax Great	the year o	(6) Rate if Different n all items r whichever X	Saa A	(7) Actual ales Tax Amount Paid	Specific Item Deduction 1,821.00

	c Real estate taxes paid on principal residence entered on Home Mortgage Int. Wks Personal portion of real estate taxes from Schedule E Worksheet for:	*
	e Vacation home	
	f Less real estate taxes deducted on Form 8829	
	g Foreign real propety taxes included in lines 2a-2f above	
3		920.00
	a Auto registration fees based on the value of the vehicle.	
	2019 Amount Enter 2020 description:	
		Marie and a second property of the second party of the second part
	I. M.	Marie Control of the
	 Non-business portion of personal property taxes from Car & Truck Exp Wks Other personal property taxes	
	c Other personal property taxes	
4	d Add lines 3a through 3c (to Schedule A, line 5c)	
	Other taxes from Schodule(a) IC 4	
	b Foreign taxes from interest and dividends	
	Foreign taxes from Schedule(s) K-1 Other foreign taxes (not used to claim a foreign tax credit).	
	d Other foreign taxes (not used to claim a foreign tax credit)	,
	2019 Amount Enter 2020 description:	
	Fourier	
,	Foreign real propety taxes included in lines 4a-4e above	
	Add lines 4a through 4e, less line 4f (to Schedule A, line 6)	Parameter Control of the Control of
Inte	rest Deductions	
-		
5	Home mortgage interest and points reported on Form 1098:	
a	Mortgage Interest and points from the Home Mortgage Interest Western	
b	Qualified mortgage interest from Schedule E Worksheet	
c d	Less home mortgage interest/points deducted on Form 8829	
e	Less home mortgage interest from Form 8396, line 3 Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above	
6	Add lines 5a through 5d (to Sch A, line 8a) or line A2 from above. Home mortgage interest not reported on Form 1008:	
a	Home mortgage interest not reported on Form 1098:	
b	Mortgage interest from the Home Mortgage Interest Worksheet	
С	Less home mortgage interest deducted on Form 8829	
7	Points not reported on Form 1098	
a	Amortizable points from the Home Mortgage Interest Workshoot	
b	Other points not on Form 1098 from the Home Mortgage Interest Worksheet Less points deducted on Form 8829	
C	Less points deducted on Form 8820	
d	Add lines 7a through 7c (to Schedule A, line 8c) or line C2 from above.	
THE REAL PROPERTY.	,	

Schedule A Line 5

State and Local Tax Deduction Worksheet

2020

► Keep for your records

Mi	ame(s) Shown on Return .chael Bickelmeyer	Socia	Security Number
S	ate and Local Income Taxes		
	State income taxes:	1	
1	State income tax withheld	1.	
2	orare commated faxes bain in 2020	1	1,238.
3	are connected taxes Usin in Mixi	2	
4	Para Will 2010 State application for Avtoncion	3	-
5	Para milit 2010 State III Colline 124 regirn	4	
6	- 1 Paymont on 2013 State income tay return applied to 2000 t	5	
7	and the paid in 2020 idinended refurne installment name	6	
8	The state of the s	7	
	and the takes.	0	
9	Local income tax withheld	9	
10	and the contracted rakes ball in MM	10	583.
11	- 10 local commated taxes half in 2020	11	
2	para with 2010 loud application for extension	12	
3		13	
4	The state of 2013 local IIICOME tay return applied to 2020 to	14	
5	and paid in 2020 Idilletitlet refurns inetallment never and	15	
6	Schedule(s) K-1 (Form 1041)	16	
	Other:	16	
7		17	
8	Total Add lines 1 through 17	18	7 001
9	orate and local fellulu allocated to 2020	19	1,821.
0	Trondeductible state income tax from line 28	20	
1	Add lines 19 and 20	21	
2	Total state and local income tax deduction Line 18 less line 21	22	7 001
lor	ndeductible State Income Tax (Hawaii Only)	-	1,821.
5 4	Nontaxable federal employee cost of living allowance	23	
	January and the state of the st	24	
	100 miles 20 and 24	25	
	Nondeductible percent. Line 23 divided by line 25	26	%
	i arrain otate income tax included in line 18	27	- 90
3	Notice described the state income toy. Multiply it - oo ! !!	28	

Schedule A Lines 6 and 10-13

Home Mortgage Interest Worksheet ► Keep for your records

M	icha	el Bickelmeyer	Social Security Number
N	lote:	Use this worksheet to report home mortgage interest you paid on your main hor Enter mortgage interest you paid for business property other than a home office schedule or form for the business activity (Schedule C, Schedule E, etc.).	ne or second home. on the appropriate
M 1	ortga	ge Lender Info: decipient's/lender's name	
2	b N c C d Is	lortgage interest reported to you on Form 1098?	. Yes X No 1,115.25
3	0	utstanding mortgage principal	20 10 A
4		origination date	05/27/2016
5	b Mo	ortgage insurance premiums	Yes No
6	1710	rigage acquisition date	
7	b Ch c Ch my Co	ints paid to buy or improve your main home in 2020 eck if points were reported to you on Form 1098 eck if points were reported on the HUD-1 loan closing statement, or name is not listed first on Form 1098 mputed points reported on Form 1098 mputed points not reported on Form 1098	
8	Pro	perty taxes	920.26
9	or s	sold the property	
a b c d e Unco	Did poir ente Tota Len Poir Amo Amo Wen	you pay points to this lender which must be spread over the life of the loan, for each to you paid on your second home, on a home equity loan, or when you refinance are the following. It points originally paid on a loan for which the points must be amortized ogth of loan (years). It is deducted in prior years for this loan ortized points allowable this year. Intrized points allowable this year (to Tax and Interest Deduction Wkst., line 7a)? As adjusted by the Home Mortgage Interest Limitation Smart Worksheet below, and Situations: It is you and someone else liable for this mortgage and the other person received and 1098, enter the other person's name and address. City State	example: ed, Yes No X if applicable the Yes No X
12	Recip	tou buy your home from the recipient and did NOT receive a Form 1098, enter the ient's identifying number and address	е
13	Did y Quic l	ou pay more mortgage interest than what is shown on Form 1098	

Deductible Home Mortgage Interest Worksheet

Name(s) Shown on Return Michael Bickelmeyer

Social Security Number

Part 1	- Home	Mortgage	Loan	Information
			Loan	mormation

	Loan 1	Loan 2	Loan 3	Loan 4	10000
Interest paid in 2020				Loan 4	Loan 5
Points paid in 2020 on 1098			_		
Points paid in 2020 not on 1008	0.		-		
wortgage origination date	05/27/2016				
Months loan outstanding	12				
Principal paid on loan in 2020					
Were all proceeds of this loan					
used to buy, build or substantially					
improve the taxpayer's home that	Yes No	V N			
secures the loan?	103 140	Yes No	Yes No	Yes No	Yes No
Was the mortgage interest					
reported to you on form 1098?	X				
Home Debt Originating after Decemb	per 15, 2017				
Beginning of year balance	7				
Borrowed in 2020					
Home equity debt					
Principal applied					
Ending balance					
Enter amount of debt used to					
buy, build or substantially					
improve the home					
Average balance				-	
ome Debt Originating after October	13, 1987 and o	n or before D			
Beginning of year balance	7	I of perole D	ecember 15, 2	017 	
Home equity debt					
Principal applied					
Inding balance					
flome equity debt					
	ı				
riter amount of debt used to					
ouy, build or substantially					
riter amount of debt used to					
ouy, build or substantially mprove the home					
ouy, build or substantially mprove the home	244 4007 (0				
Average balance	14, 1987 (Gra	ndfathered De	ebt)		
amount of debt used to buy, build or substantially approve the home	14, 1987 (Gra	ndfathered De	ebt)		
amount of debt used to buy, build or substantially approve the home	14, 1987 (Gra	ndfathered De	ebt)		
amount of debt used to buy, build or substantially approve the home	14, 1987 (Gra	ndfathered De	ebt)		
Average balance ame Debt Originating before October eginning of year balance rincipal applied nding balance	14, 1987 (Gra	ndfathered De	ebt)		
Average balance me Debt Originating before October eginning of year balance incipal applied nding balance nter amount of debt used to	14, 1987 (Gra	ndfathered De	ebt)		
Average balance ame Debt Originating before October eginning of year balance rincipal applied noting balance noting balance					
Average balance The Debt Originating before October eginning of year balance The provided applied Inter amount of debt used to be the debt used to be the debt used to be the prove the home * The Per Pub. 936, all interest from grant and the prove the home *	adfathored debt				
Average balance eme Debt Originating before October eginning of year balance rincipal applied nding balance nter amount of debt used to ay, build or substantially	adfathored debt			vill automatical	у

Deductible Home Mortgage Interest Worksheet ► Keep for your records

	. Koop for your records		Page 2
Part 1	- Qualified Loan Limit		7 age 2
1 AVE	ied loans acquired prior to October 14, 1987 erage balance of debt acquired prior to October 14, 1987 (grandfathered debt) ied loans acquired after October 13, 1987 and before December 16, 2017	1	
- 1110	"age balance of debt acquired after October 13, 1097 and hefers		
4 Ent	cember 16, 2017	3 4	1,000,000.
6 Ente	er the smaller of the amount on line 4 or the amount on line 5	5	1,000,000.
8 Ente	ed loans acquired after December 15, 2017 rage balance of debt acquired after December 15, 2017 er \$750,000 (\$375,000 if married filing separately)	7	
10 Add	the amounts on lines 6 and 7. Enter the total here	9	750,000. 750,000. 0.
	er the smaller of line 9 or line 10. This is your qualified loan limit	11	0.
Part 2 -	- Deductible Home Mortgage Interest	J.	
12 En	ter the total of the average balances of all mortgages from lines 1, 2 and 7		
10	all qualified homes. See the line 12 instructions	12	
100	al amount of interest that you paid on the loans from line 12 not reported	13	
IO DIV	form 1098	14 15	
1 1 1 1	tiply line 13 by the decimal amount on line 15. Enter the result. s is deductible home mortgage interest for loans reported on form 1098		
i iviui	ter this amount on Schedule A line 8a	16	
1011	s is deductible home mortgage interest for loans not reported on n 1098. Enter this amount on Schedule A line 8b	17	
	tract line 15 from line 13. This is not home mortgage interest	18	

Charitable Deduction Limits Worksheet For Current Year Contributions * Keep for your records

Mic	me(s) Shown on Return Chael Bickelmeyer	Social Security Number
Ste	p 1 — Enter your other charitable contributions made during the year.	
2	Enter your contributions of capital gain property "for the same of	
3	Enter your other contributions "for the use of" any and the	
4	Enter your other contributions to qualified expenient and the contributions are contributed as the contributions and the contributions are contributed as the contribution are contributed as the	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include any contributions.	. 4
6	a previous line	. 5
	the property's fair market value. Don't include arranged in the	
7	Enter your cash contributions to 50% limit organizations. Don't include any contributions you entered on a previous line	
Step		. /
	2 — Figure your deduction for the year (if any result is zero or less, enter -0-) Enter your adjusted gross income (AGI)	1 - 1
A Ca		. 8 54,041
9	mis 7 is zero, leave lines 9 through 11 blank)	
	Multiply line 8 by 0.6	
1	amount. Enter the smaller of line 7 or line 0	
-	San yover. Subtract line 11 from line 7	
200	Trousin Contributions Subject to the limit board Foot 5.5.5.	
/	mis 5 is zero, leave lines 12 through 15 blank	
3	Multiply line 8 by 0.5	
	odotractime to from line 17	
	Deductible amount, Enter the smaller of line 6 or line 40	
-	Sanyover. Subtract line 14 from line 6	
	is locations (other than capital gain proporty) out to the	AGI
("	ines 3 and 4 are both zero, leave lines 16 through 22 blank)	, 107
	vicitipity inte o by 0.5	
•	Subtract line 17 from line 16	
	manuply line o by 0.3.	
	.ca iii 65 5 dilu 4	
(Deductible amount. Enter the smallest of line 18, 19, or 20	
-	out your Subtract line 21 from line 20	
001	dibutions of capital gain property subject to limit board - 2004	
	o to zero, leave lines zo (nrough 28 blank)	
Λ	fultiply line 8 by 0.5	
9	dd lines 6 and 7	
0	ubtract line 24 from line 23	
ĮV	iditiply life 8 by 0.3	
السنة	eductible amount. Enter the smallest of line 5, 25, or 26	
	arryover. Subtract line 27 from line 5.	
C	VIDUIIONS SUbject to the limit bear 1	
Con	of AGI	
Con (If lin	e 2 is zero, leave lines 29 through 37 blank)	
Con (If lin	e 2 is zero, leave lines 29 through 37 blank) ultiply line 8 by 0.5	

31 32 33	Subtract line 30 from line 29 Multiply line 8 by 0.3 Subtract line 21 from line 32	32		
34	Subtract line 27 from line 32	00		
35	Multiply line 8 by 0.2.	34		
36	Doddelible dillount. Enter the smallest of line 2 24 22 24	1		
37	or 35	36		
FG	Carryover. Subtract line 36 from line 2.	37		
(1:	ualified contributions subject to limit based on 100% of AGI			
38	Fine 1 is zero, leave lines 38 through 42 blank)			
39	Enter the amount from line 8	38	1	
40	Add lines 10, 14, 21, 27, and 36	39		
41	Cubiract line 39 from line 38	100		
42	Deductible amount. Enter the smaller of line 1 or line 40	4.4		
-	Carryover. Subtract line 41 from line 1	42		
G D	- addition for the year			
43	Add lines 10, 14, 21, 27 and 36. Enter the total here		1	
	and include the deductible amounts on Schedule A (Form			
	1040), lifte 11 or line 12 whichever is appropriate. Also			
	enter the amount from line 41 on the dotted line payt to the			
	ine 11 entry space	43	36	
44	Carryover to next year. Add lines 11 15 22 20 and 27			
MOLG.	Any amounts in the carryover column are not doductible this	44		
year.	See Carryovers, later, for more information about how you will use	DUI C	an be carried over to	next
V-	The four vin doc		neat year.	

Charitable Deduction Limits Worksheet For Carryover Contributions * Keep for your records

Mich	e(s) Shown on Return nael Bickelmeyer	Social Security Number
Step	1 — Enter your other start was	
1	1 — Enter your other charitable contributions made during the year. Enter your cash contributions to 100% limit organizations	
2	Enter your contributions of capital cain areas of the state of the sta	1
	organization	
3	Enter your other contributions "for the use of" any qualified organization.	2
4	Enter your other contributions to qualified organizations that aren't 50% limit organizations. Don't include any contributions	3
5	organizations. Don't include any contributions you entered on a previous line.	
5	Enter your contributions of capital gain property to 50% limit organizations deducted at fair market value. Don't include a second sec	4
	deducted at fair market value. Don't include any contributions you entered on	
6	a previous line	. 5
	Enter your noncash contributions to 50% limit organizations other than capital gain property you deducted at fair market value. Be sure to include	
	contributions of capital gain property to 50% limit	
	the property's fair market value. Don't include any contributions you reduced on a previous line	
	on a previous line	
7	Enter your cash contributions to 50% limit organizations. Don't include any	. 6
(contributions you entered on a previous line	. 7
ten 2	- Figure your dad #	. /
8 E	Figure your deduction for the year (if any result is zero or less, enter -0-) Ther your adjusted gross income (AGI)	
	(((() () () () () () () () (. 8 _ 54,04
	Percentage Used in	
a 6	0% AGI limit to line 9	
b 5	0% AGI limit to line 12	a 32,425
c 3	0% AGI limit, Section C to line 19	b 27,021
0 3	0% AGI limit, Section D to line 26	. c 16,212
Cas	0% AGI limit to line 35	- 1 - 10/212
- 0, -	th contributions subject to the limit based on 60% of AGI let 7 is zero, leave lines 9 through 11 blank)	• e 10,808
1	lultiply line 8 by 0.6	
D	Subtrible dillolling Enter the emeller of it	
	To the limit beard - Foot and	
1 / 1	UIUDIV IIIIE O DV U S	
-		
(If line	ributions (other than capital gain property) subject to limit based on 30% of all the state of t	AGI
	"" Ply 1110 0 DV 0.5	-
	a mics o, o, and /.	
	and of more in	
1016	maply mile 0 by 0.5.	
, ,,	d mico o allu 4	
200	ductible alliount. Enter the smallest of line 40, 40, 40	
~~	TOVEL OUDITALLING ALTERNATION TO THE PROPERTY OF THE PROPERTY	
If line	ibutions of capital gain property subject to limit based on 30% of AGI 5 is zero, leave lines 23 through 28 blank)	200-310-310-310-310-310-310-310-310-310-3
Mu	IIIDIV line 8 by 0.5	
	a mico o and /	
Our	stract line 24 from line 23	
IVIU	upry life o by 0.3.	
-	adduble diffoult. Effer the smallest of line 5 25 or 26	
Our	Tyover. Subtract line // from line 5	
. 41141	Sudding Supject to the limit based on 200/ of AOI	
11 11116	2 is 2ero, leave lines 29 through 37 blank)	
iviul	tiply line 8 by 0.5	
Adr		

31	Subtract line 30 from line 29	31		
32	Multiply line 8 by 0.3	32		
33	Subtract line 21 from line 32	33		
34	Subtract line 27 from line 32	34		
35	Multiply line 8 by 0.2	34		
36	Deductible amount. Enter the smallest of line 2, 31, 33, 34,	35		
	or 35			
37	Carryover. Subtract line 36 from line 2	36		
FO	Walified contributions for cortain disaster will 5 55 4 79	37		
(If	ualified contributions for certain disaster relief efforts (Not an line 1 is zero, leave lines 38 through 42 blank)	plica	ble for carryovers)	
38	Enter the amount from line 9	Ĭ	I	ı
39	Enter the amount from line 8	38		
40	Add lines 10, 14, 21, 27, and 36	39		
	Subtract line 39 from line 38	40		
41	Deductible amount. Enter the smaller of line 1 or line 40	41		
42	Carryover. Subtract line 41 from line 1	42		
	eduction for the year			
43	Add lines 10, 14, 21, 27 and 36. Enter the total here			
	and include the deductible amounts on Schedule A (Form			
	1040), line 11 or line 12 whichever is appropriate. Also.			
	enter the amount from line 41 on the dotted line next to the			
	line 11 entry space	43		
44	Carryover to next year. Add lines 11, 15, 22, 28 and 37	44		
Note:	Any amounts in the carryover column are not deductible this year	r but o	on he comind	
year.	See Carryovers, later, for more information about how you will use	tho-	an be camed over to	next
	you will use	= IIIEM	r next year.	

Name(s) Shown on Return Michael Bickelmeyer Social Security Number **Cash Contributions Summary** Part I (a) Total (b) 60% Name of Charitable Organization (c) 30% (d) 100% Limit Limit Limit Totals: Part II Non-Cash Contributions Summary **Total** Other Property **Capital Gain Property** (a) Total Name of Charitable Organization (b) 50% (c) 30% (e) 20% Limit Limit Limit Limit Totals: Part III Contribution Carryovers to 2021 Total Cash and Other Capital Gain Non-Capital Gain Property Property (a) (b) 100% (d) 50% (c) 60% (e) 30% (f) 30% Total (g) Limit Limit 20% Limit Limit Limit Limit 2020 contributions. 2 2020 contributions allowed Carryovers from: a 2019 tax year . . . N/A **b** 2018 tax year . . . N/A c 2017 tax year . . . N/A N/A d 2016 tax year . . . e 2015 tax year . . . N/A 4 Carryovers allowed in 2020 N/A 5 Carryovers disallowed in 2020 N/A Carryovers to 2021: a From 2020. **b** From 2019. **c** From 2018. N/A N/A d From 2017. e From 2016. f From 2015. N/A N/A Part IV Special Situations in Your Return for Current Year Donations 2 Yes No 3 Yes No Yes No Yes No

Form 1040 or 1040-SR, Line 12

Standard Deduction Worksheet for Dependents

► Keep for your records

Nam	0/0\ Charina	1		
	e(s) Shown on Return	Social	Securi	ty Number
MIC	hael Bickelmeyer	-	Occur	ty realine
Una				
USE	this worksheet only if someone can claim you, or your spouse if filing jointly, as a	denen	dent	
7	The mode than \$750?	dopoin		1
	Yes. Add \$350 to your earned income. Enter the total → .			
	No. Enter \$1,100		1	
2	Enter the amount shown below for your filing status.			
	• Single or married filing separately — \$12,400			
	Married filing jointly — \$24,800			
	• Head of household — \$18,650		2	12,400.
3	Standard deduction.			
3 a	Enter the smaller of line 1 or line 2. If born after January 1, 1956, and not			
	blind, stop here and enter this amount on Farm 1956, and not			
	Otherwise, go to line 2b.			
3 h	Otherwise, go to line 3b		3 a	
- 10	If born before January 2, 1956, or blind, multiply the number claimed on top of			
3 0	page 2 of Form 1040 Wkst by \$1,300 (\$1,650 if single or head of household) Add lines 3a and 3b Enter the total lines.		3 b	
J (Add lines 3a and 3b. Enter the total here and on Form 1040 or 1040-SR, line 12		3 c	
Earr	ned income includes wages, salaries, tips, professional fees, and other compensa	tion re	havian	for
Contract Contract	The state of the periorities. It also inclines any tayable echoloropin or fall and the		_	101
	and a modifie is the total of the amounts) voll reported on Form 1010 and 1010 of	¬ "		ury,
	on Schodule 1, lines 5 and 0, minus the amount it any on Schodule 1 line 14 Fame			
the pu	rpose of figuring your standard deduction, doesn't include qualified disability trust	i iricom	e, tor	
	" " " " " " " " " " " " " " " " " " "	CHSTrin	MANC	

► Keep for your records

	, , , , , , , , , , , , , , , , , , , ,
Name(s) Shown on Return	
Michael Bickelmeyer	Social Security Number
	- Transor
Dart I F	

Michael Bickelmeyer			curity Number
Part I — Earned Income Credit Worksheet Compu	tation		
1 If filing Schedule SE:	Taxpayer	Spouse	Total
a Net self-employment income			Total
b Optional Method and Church Employee income			
c Add lines 1a and 1b			
d One-half of self-employment tax			
e Subtract line 1d from line 1c			
" " " " required to file Schedule SE.			
a Net farm profit or (loss)			
" " " " " " " " " " " " " " " " " " "			
- 1.54 mics 2d and 2D .			
" ming Schedule C as a statutory small			
of the all lought from line 1 of that			
Schedule C			
4 Add lines 1e, 2c and 3. To EIC Wks, line 5			
Part II — Form 2441 and Standard Deduction Works			
	ineet Computati	ons	
6 Wages, salaries, and tins less distributions			
normalified or section 457 plans at-			
a lavable elliplover-provided adoption to	54,753.		54,753
. or orgin carried IIICome exclusion			
Add lines 5 inrough /b. To Form 2//1 lines 10			
and 19	54,753.		
a raxable dependent care henefits	J4,/JJ.		54,753
~ Notitavable Collibat Day			-
7 tad iii 103 0, 9d & 9D . 10 Form 24/11 lines			
4 and 5	54,753.		E4 750
Scholarship or fellowship income not on W-2			54,753
Distributions from nonqualified/Sec. 457 plans			
To Standard Deduction Worksheet	E 4 750		
art III — IRA Deduction Worksheet Computation	54,753.		54,753
Net self-employment income or (loss)			
3-0, odidios, tips, etc.	54,753.		54,753.
Net self-employment loss			J4, /53.
Nontaxable combat pay			
Ordigit Editied Income exclusion			
TOOGII, SEP OF SIMPLE deduction			
Combine lines 15 through 21. To IRA Wks, In 2.	E4 750		
	54,753.		54,753.
rt IV — Schedule 8812 and Child Tax Credit Line 14	Worksheet Con	nputations	
Self-employed, church and statutory employees .			
vvages, salaries, tips. etc.	54,753.		
Nontaxable compat pay			54,753.
Combine lines 23 through 25. To Schedule 8812, line 6a & Line 14 Wks, line 2			
DOLK 1100 NO VI in - 44 MM		1	

Form 1040 Line 17a

Earned Income Credit Worksheet

2020

► Keep for your records

	Name(s) Shown on Return	
<u></u>	Michael Bickelmeyer	Social Security Number
	QuickZoom to Schedule EIC QuickZoom to Dependent Information Worksheet to enter qualifying children information. QuickZoom to Wages, Salaries, & Tips Worksheet to enter earned and non-earned. QuickZoom to page 2 of this worksheet, if credit is not calculated on line 7.	ation ▶
	1 Enter the amount from Form 1040 line 1 less amounts considered not earned for EIC purposes	. 154,753.
	the Taxpayer's nontaxable combat pay election for EIC b Spouse's nontaxable combat pay election for EIC c Total nontaxable combat pay election b	. 3 54,753.
6 7 8	as a statutory employee, enter the amount from the Earned Income Worksheet, line 4 Medicaid Waiver Payments reported as nontaxable Earned income. Add lines 3, 4, 5, and 6	7 54,753.
	If line 8 is zero, stop . You cannot take the credit. Enter "No" on the dotted line next to Form 1040, line 27.	
9	Enter your AGI from Form 1040, line 11 If you have: No qualifying children, is the amount on line 9 less than \$8,800 (\$14,700 if married filing jointly)? 1 or more qualifying children, is the amount on line 9 less than \$19,350 (\$25,250 if married filing jointly)?	9
11	Yes. Go to line 11 now. No. Enter the credit, from the EIC Table, for the amount on line 9. Be sure to use the correct column for filing status and number of children Earned income credit. If 'Yes' on line 10, enter the amount from line 8 If 'No' on line 10, enter the smaller of line 8 or line 10	10

Enter line 11 amount on Form 1040, line 27.

	hael Bickelmeyer	je
	ne or more of the boxes below are checked, the earned income credit is not allowed.	
2	The total taxable earned income (line 7 above) is equal to or more than: \$15,820 (\$21,710 if married filing jointly) without a qualifying child. \$41,756 (\$47,646 if married filing jointly) with one qualifying child. \$47,440 (\$53,330 if married filing jointly) with two qualifying children. \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children. The Adjusted Gross Income (line 9 above) is equal to or more than: \$15,820 (\$21,710 if married filing jointly) with the company to the company that the c	
	\$41,756 (\$47,646 if married filing jointly) with one qualifying child. \$47,440 (\$53,330 if married filing jointly) with two qualifying children. \$50,954 (\$56,844 if married filing jointly) with more than two qualifying children.	
3	Investment income is more than \$3,650. (Investment Income Smart Worksheet, item H above)	
4	The married filing separate return status is checked. (Information Worksheet, Part II)	
5	Taxpayer (or spouse if filing joint) is a qualifying child of another person. (Information Worksheet, Part IV)	
6	Without a qualifying child, and your (or your spouse's, if married filing jointly) main home is in the U.S. less than half the year. (Information Worksheet, Part IV)	
7	Without a qualifying child, and taxpayer (and spouse if filing joint) are under age 25 or over age 64. (Information Worksheet, Part I)	
8	Without a qualifying child, and taxpayer (or spouse if filing joint) is eligible to be claimed as a dependent on someone else's return. (Information Worksheet, Part I)	
9	Social Security Number is invalid for EIC purposes, for taxpayer, (or spouse, if married filing joint). (Information Worksheet, Part I)	
0 a b	Have qualifying children, but all are either qualifying children of another person, or invalid social security numbers for EIC purposes. (Information Worksheet, Part III)	
1	Disallowed by IRS to claim Earned Income Credit in 2020. (Information Worksheet, Part IV)	
2	Filing Form 2555, Foreign Earned Income.	
3	Not a citizen or resident alien for the entire year, claiming dual status. (Information Worksheet, Part VI)	
1	Head of household filing status and lived with nonresident alien spouse during the last six months of the year. (Information Worksheet, Part IV)	

Page
Compliance and Due Diligence Information
1 Is this how long your dependents lived with you in the U.S in 2020?
Yes, all of the above is correct. No, I'll go back and review my dependent information. The IRS may ask you for de-
The IRS may ask you for documents to prove you lived with anyone you're claiming for the Earned Income Credit.
Is this where you lived with your dependents the longest in 2020?
Yes, my dependents lived with me at this address. No, I'd like to add an additional address where I lived with my dependents. Use the Interview to add an additional address where you lived with your dependents the longest in 2020.
Compliance and Due Diligence Indicator
Potential qualifying child count

Form 1040 Line33

Student Loan Interest Deduction Worksheet

2020

► Keep for your records

Name(s) Shown on Return Michael Bickelmo Social Security Number

Michael	l Bickelmeyer				Social	Security Number
Part I	Information from Form	(s) 1098-E, S	tudent Loan Inte	rest Stateme	ent	-
	(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Yea Student Lo Interest	ır əan	(e) Student loan interest (Box 1)
U.S. E	DEPARTMENT OF EDUCATION	Taxpayer				712.
	al student loan interest s total student loan interest us	en including	otion FOO I 1		1	712.
Part II	, and old don't loan interes	»				712.
	Computation of Student					
f Ente	er the total interest you paid in	2020 on qualifie	ed student loans		1	71.0
	Form 1040 instructions). r the smaller of line 1 or \$2,50 ified AGI				•	712
					2	712
	The contract of the contract o	single hood of	Fhauns-lI-I		3	54,753
	w(er) or \$170,000 or more if method the deduction.	narried filing join	itly, stop here. You	cannot		
Enter	r: \$70,000 if single, head of ho	usehold or auc	olifacione suistens ()			
Ψ110	, ooo ii married iiing jointly.					
-	The state of the s	riace antor n	hove mind ! "		4	70,000
	and go on to line 8 e line 5 by \$15,000 or \$30,000				5	0
Enter	the result as a decimal (round	ted to at loost the	jointly.			
	, LO Z DV III C U				6	0.000
		Suntract line 7 f	rom line o F		7	0
1.010	and on Form 1040. Sch 1 line	20 Da not incl	و بر الم المراب			
, , ,	ther deduction on your return	Such as on Sch	neaule A, C, E, etc.)	* * * * * * * *	8	712

Modified AGI is the amount from Form 1040, line 8b, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Schedule 1 (Form 1040), lines 10 through 19 and any write-in amount next to line 22, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Form 4684

Casualty and Theft Worksheet

Use a separate worksheet for each casualty or theft event.

▶ Keep for your records

Name(s) shown on return Michael Bickelmeyer Social Security No. Casualty or Theft Event Information Part I Description of this casualty or theft event ▶ 1 Date of casualty or theft event ▶ 2 Use of property, check one if not a Ponzi loss (line 5c): a Personal (includes home office deducted under simplified method, see tax help) \dots If box 3a is checked, check one: a This event qualifies as a Hurricane Harvey or Tropical Storm Harvey Disaster. ▶ d This event qualifies as a 2017 California Wildfire Disaster (01/01/2017-01/18/2018) ▶ g This event qualifies as a 2016 federally declared disaster area ▶ i Enter the FEMA disaster decl. number if any line 4a-g is checked. Enter the fourdigit number only. If the FEMA disaster decl. number begins with DR, enter it here ▶ j If the FEMA disaster decl. number begins with EM instead of DR, enter it here ▶ If box 3b is checked, check one: Property Information for All Properties Damaged or Stolen in the Casualty or Theft Event Part II a ${f Description}$ including type of property . . ightharpoonupb For personal use property, enter the address, city, state and ZIP code c Date acquired ▶ d Cost or other basis. . ▶ f FMV before event ▶ g FMV after event . ▶ h Was this a total loss? Yes... ▶ i If personal use, is this a collectible? No . . ▶ Yes. . . ▶ No . . . ▶ j If business use, check one: Business ▶ k If home office (standard method) enter: Employ ▶ Income. . ▶ Sch C . ▶ a Description including type of property . . ▶ No Sch C ▶ b For personal use property, enter the address, city, state and ZIP code c Date acquired · · · · · · · . . . ▶ d Cost or other basis. . ▶ f FMV before event g FMV after event . ▶ h Was this a total loss? Yes ... ▶ No . . . i If personal use, is this a collectible? Yes ... ▶ No . . . ▶ j If business use, check one: Business ▶ Employ ▶ k If home office (standard method) enter: Income.. ▶ Sch C . . ▶ No Sch C ▶ Ln 27

Schedule D Tax Worksheet as refigured for the Alternative Minimum Tax

► Keep for your records

Mar Mic	me(s) Shown on Return Chael Bickelmeyer		Social Secur	ity Number
		(a) Before Allocation of Capital Gain Excess *	(b) Allocation of Capital Gain Excess *	(c) After Allocation of Capital Gain Excess
1	Not applicable			
3 4	Enter the amount from Form 4952 for AMT, line 4g Enter the amount from Form 4952 for AMT line 4e		0.	0.
5 6 7	Subtract line 4 from line 3. If zero or less, enter -0- Subtract line 5 from line 2. If zero or less, enter -0- Net long-term capital gain: Enter the gain from line 15 of Schedule D	0.		0.
b	as refigured for the AMT			
8 8	Enter the smaller of line 7a or line 7b	0.		0.
9	Subtract line 8 from line 7c. If zero or less, enter -0-	0.	0.	0.
10 11 a	Add lines 6 and 9	0.		0.
b	as refigured for the AMT			
12 13	Enter the smaller of line 9 or line 11c		-	0.
	on Form 6251, line 13			0.

^{*} Capital gain excess applies only if filing Form 2555, Foreign Earned Income.

1 <u>M</u>	Name(s) Shown on Return Iichael Bickelmeyer	Social	Security Number
William	axable Income — Line 1		
3 4 5	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line line 15, is zero, subtract lines 12 and 13 of Form 1040 of 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.) Additions to income	. 3	41,641.
1			
Re	Generation skipping transfer taxes included on Schedule A, line 6 efund of Taxes — Line 2b	. 1	
1 2 3 Alt	Taxable refund of state and local income tax		
1 2 3 4 5 6 7 8 9	Alternative minimum taxable income (AMTI) without ATNOLD Enter adjustments Adjustment for domestic production activities deduction Adjusted AMTI without ATNOLD. Add lines 1-3 ATNOLD limitation. Multiply line 4 by 90%. Enter ATNOL carried to 2019 from other year(s) Enter ATNOL included above attributable to qualified disaster losses ATNOL above not attributable to qualified disaster losses. Line 6 minus 7 ATNOL deduction other than qualified disaster losses. Lesser of line 5 or 8 ATNOL Disaster Deduction. Lesser of line 7 or (line 4 minus line 9) ATNOLD. Add lines 9 and 10. Enter on Form 6251, line 2f, as neg	2 3 4 5 6 7 8	54,041. 54,041. 48,637.
nce	entive Stock Options — Line 2i		
1 2 3 4 5	Incentive stock options adjustment from Schedule K-1 worksheets Incentive stock options from Employer Stock Transaction Worksheets Incentive stock options from Exercise of Stock Options Worksheets	1 2 3 4 5	

Mi Alt	chael Bickelmeyer ternative Minimum Taxable Income — Line 4		Page 3
2 3 4 5	Alternative minimum taxable income, Form 6251. Threshold amount	1 2 3 4 5 6	
Exe	emption — Line 5		
2 3 4 5 6	Enter \$72,900 if single or head of household, \$113,400 if married filing jointly or qualifying widow(er), \$56,700 if married filing separately. Enter your alternative minimum taxable income from Form 6251, line 4 Enter \$518,400 if single or head of household, \$1,036,800 if married filing jointly or qualifying widow(er), \$518,400 if married filing separately. Subtract line 3 from line 2. If zero or less, enter -0 Multiply line 4 by 25% (.25). Subtract line 5 from line 1. If zero or less, enter -0 Enter on 6251, line 5	1 2 3 4 5 6	72,900. 54,041. 518,400. 0. 72,900.

Form 6251 Line 7

Foreign Earned Income Alternative Minimum Tax Worksheet

2020

► Keep for your records

Name(s) Shown on Return Michael Bickelmeyer	Social Se	ecurity Number
Inter the amount from Form 6251, line 6 Inter the amount from your (and your spouse's if filing jointly) Form 2555, lines 45 and 50. Inter the total amount of any itemized deductions or exclusions you couldn't claim because they are related to excluded income Subtract line 2b from line 2a. If zero or less, enter 0. Add line 1 and line 2c. Tax on the amount on line 3. If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; or you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040 or 1040-SR) (as refigured for the AMT, if necessary), enter the amount from line 3 of this worksheet on Form 6251, line 12. Complete the rest of Part III of Form 6251. However, before completing Part III, see Form 2555, later, to see if you must complete Part III with certain modifications. Then enter the amount from Form 6251, line 40, here. All Others: If line 3 is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 3 by 26% (0.26). Otherwise, multiply line 3 by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result. Tax on amount on line 2c. If line 2c is \$197,900 or less (\$98,950 or less if married filing separately), multiply line 2c by 28% (0.28) and subtract \$3,958 (\$1,979 if married filing separately) from the result.	. 1 . 2a . 2b . 2c . 3	ecurity Number
6 Subtract line 5 from line 4. Enter the result here and on Form 6251, line 7	6	

	sickelmeyer					Social Sec	curity Numbe
(a) State or	(b)	ne Tax Informat	ion (d)	(e)		(6)	
Local ID	Paid With Extension	Estimates Pd After 12/31	Total With- held/Pmts	Paid W Retur	ith Tota	(f) I Over- ment	(g) Applied Amount
otals							
019 State Ex	tension Inforn	nation	20	19 Locality	Extension In	formation	
(a) State	Pai	(b) d With Extensio	on	(a) Locality	Pai	(b) d With Ext	ension
19 State Es	timates Inform	ation	20	9 Locality I	Estimates Int	iormo-41	
(a)		(c)		(a)	Louinates III		
State	Estima	tes Paid After 1	2/31	Locality	Estima	(c) tes Paid A	fter 12/31
19 State Tax	es Due Inform	ation	201) Locality T	axes Due Inf		
(a) State	Pa	(e) id With Return		(a)		(e)	-
				Locality	Pa	id With Ref	turn
	and Applied In	formation	2019	Locality R	efund Applie	d Informat	ion
(a) State	Ар	(g) plied Amount		(a) Locality	Ар	(g) plied Amou	unt
State Tax	Refund Inform	ation	2010	l coality To			
(a)	(d)	(f)		a)	x Refund In	T	
itate Wi	Total thheld/Pmts	Total Overpayme			(d) Total nheld/Pmts	To	f) otal ayment
-							

Michael Bickelmeyer

	er Tax and Income Information				2019	2020
1	Filing status			. 1		
2						_ 1 Single
4						
5	Todalled to liemize deductions			t t		2,7
6	, gross income .			1		
7	The made into the first of the form and a few			1		54,0
8	The state of the s			1		4,9
0	Federal overpayment applied to next year est	imat	ed tax	. 8		
Qu	ickZoom to the IRA Information Worksheet t					
Ехс	ess Contributions					T
9 a	Taynaver's oxoge Audi				2019	2020
b	Taxpayer's excess Archer MSA contributions a	as of	12/31	9 a		
						-
	of 12/3	1.		b		
.oss	and Expense Carryovers					
ote:	Enter all entries as a positive amount				2019	2020
55500						
b	Short-term capital loss			12 a		
				b		
				13 a		
				b		
				14 a		
				b		
	THE PROPERTY OF THE PROPERTY O			15 a		
			,	b		
	onrecaptured net Section 1231 losses from:	a	2020	16 a		
		b	2019	b		
		C	2018	c		
		d	2017	d		
		е	2016	e	-	
Δ	MT Nonrecapid not Co. 100	f	2015	f		
71	MT Nonrecap'd net Sec 1231 losses from:	а	2020	17 a		
		b	2019	b	-	
		С	2018	c		
		d	2017	d -		
		е	2016	e	į.	

Form 8582 Line 7

Modified Adjusted Gross Income Worksheet

2020

54,753.

Line /	► Keep for your records	CCL	2020
Name(s) Shown on Return Michael Bickelmeyer		Social Sec	urity Number
	Description		Amount
Income			
Dividend income Tax refund Alimony received Nonpassive business income or lo Royalty and nonpassive rental act Nonpassive partnership income or Nonpassive S corporation income Nonpassive farm rental income or Nonpassive farm income or loss Nonpassive estate and trust income Real estate mortgage investment of Business gains and losses from no Capital gains and losses Taxable IRA distributions Taxable pension distributions Unemployment compensation	bond exclusion DSS tivities income or loss r loss or loss loss Dee or loss conduits conpassive activities		54,753.
		_	54,753.
Adjustments			
Health savings account deduction. Moving expenses	vists, performing artists, and government officials		

Total adjustments.....

Name(s) Shown on Return Michael Bickelmeyer

Social Security Number

Income	2019	2020	Difference	%
Wages, salaries, tips, etc				
interest and dividend income		54,753.	54,753.	
State tax refund				
business income (loss)				
Capital and other gains (losses)				
IRA distributions				
Pensions and annuities				
Rents and revelting				
Rents and royalties				
Partnerships, S Corps, etc		-		
Farm income (loss)				
Social security benefits	_			
income other than the above				
Total Income.				
Aujustinents to Income		54,753.	54,753.	
Adjusted Gross Income		712.	712.	
		54,041.	54,041.	
temized Deductions				
Medical and dental				
Income or sales tax				
Real estate taxes		1,821.	1,821.	
Personal property and other taxes		920.	920.	
Interest paid				
Interest paid				
Gifts to charity .				
Casualty and theft losses				
Miscellaneous				
total Itemized Deductions	0.	2 741		
Standard or Itemized Deduction		2,741.	2,741.	
ualified Business Income Deduction		12,400.	12,400.	
axable Income		44.5		
		41,641.	41,641.	
Income tax				
Additional income taxes		4,948.	4,948.	
Alternative minimum tax				
lotal Income Taxes				
Nonbusiness credits		4,948.	4,948.	
Business credits				
Total Credits				
Self-employment tax				
Other taxes				
Other taxes		217.	217.	
tal Tax After Credits		5,165.		
Withholding		5,239.	5,165.	
Estimated and extension payments		3,239.	5,239.	
Larried income credit				
Additional child tax credit				
Other payments				
otal Payments				
Form 2210 penalty		5,239.	5,239.	
Applied to next year's estimated tax				
und				
ance Due		74.	74.	
ance Due			/1.	
Current year effective tax rate				

Name(s) Michael Bickelmeyer	
Total income	ſ
	54,753.
	712.
	54,041.
Transition publicas IIII onno doditation	12,400.
· astable illectife	
· Citalive lax	41,641.
	4,948.
Odle	
- " CANCO	217.
otal tax	5,165.
	5,239.
	5,239.
D. S. O. Daid.	74.
	74.
Amount Applied to Estimate	/ 1 -
Balance due	0.