

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial MICHAEL	Last name BICKELMEYER	
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, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BRUNSWICK, OH 44212		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. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here ▶ <input type="checkbox"/>		

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, 1955 Are blind **Spouse:** Was born before January 2, 1955 Is blind

(1) First name		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1 Wages, salaries, tips, etc. Attach Form(s) W-2			1	57025
2a Tax-exempt interest	2a		2b	
3a Qualified dividends	3a		3b	
4a IRA distributions	4a		4b	
c Pensions and annuities	4c		4d	
5a Social security benefits	5a		5b	
6 Capital gain or (loss). Attach Schedule D if required. If not required, check here		<input type="checkbox"/>	6	
7a Other income from Schedule 1, line 9			7a	
b Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your total income			7b	57025
8a Adjustments to income from Schedule 1, line 22			8a	2033
b Subtract line 8a from line 7b. This is your adjusted gross income			8b	54992
9 Standard deduction or itemized deductions (from Schedule A)	9	12200		
10 Qualified business income deduction. Attach Form 8995 or Form 8995-A	10			
11a Add lines 9 and 10			11a	12200
b Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-			11b	42792

Standard Deduction for—
 • Single or Married filing separately, \$12,200
 • Married filing jointly or Qualifying widow(er), \$24,400
 • Head of household, \$18,350
 • If you checked any box under Standard Deduction, see instructions.

12a	Tax (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	12a	5269
b	Add Schedule 2, line 3, and line 12a and enter the total	12b	5269
13a	Child tax credit or credit for other dependents	13a	
b	Add Schedule 3, line 7, and line 13a and enter the total	13b	
14	Subtract line 13b from line 12b. If zero or less, enter -0-	14	5269
15	Other taxes, including self-employment tax, from Schedule 2, line 10	15	234
16	Add lines 14 and 15. This is your total tax	16	5503
17	Federal income tax withheld from Forms W-2 and 1099	17	4621

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

18	Other payments and refundable credits:		
a	Earned income credit (EIC)	18a	
b	Additional child tax credit. Attach Schedule 8812	18b	
c	American opportunity credit from Form 8863, line 8	18c	
d	Schedule 3, line 14	18d	
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e	
19	Add lines 17 and 18e. These are your total payments	19	4621

Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid	20																					
	21a	Amount of line 20 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	21a																					
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	22	Amount of line 20 you want applied to your 2020 estimated tax	22																					

Amount You Owe	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions	23	882
	24	Estimated tax penalty (see instructions)	24	

Third Party Designee Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

(Other than paid preparer) Designee's name Phone no. Personal identification number (PIN)

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and 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.)
	02/17/20	SECURITY OFFICER	<input type="text"/>
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.)
			<input type="text"/>

Phone no. (440) 876-3672 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
		02/17/20	S44051505	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ STRONGSVILLE SENIOR CENTER		Phone no. 888-687-2277		<input type="checkbox"/> Self-employed
Firm's address ▶ 18100 ROYALTON RD STRONGSVILLE OH 44136			Firm's EIN ▶ -	

QNA

SCHEDULE 1
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040 or 1040-SR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2019
Attachment
Sequence No **01**

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

MICHAEL BICKELMEYER

At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

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. List type and amount ▶ _____	8	
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN ▶ _____		
c	Date of original divorce or separation agreement (see instructions) ▶ _____		
19	IRA deduction	19	
20	Student loan interest deduction	20	2033
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 8a	22	2033

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

Schedule 1 (Form 1040 or 1040-SR) 2019

QNA

SCHEDULE 2
(Form 1040 or 1040-SR)

Department of the Treasury
Internal Revenue Service

Additional Taxes

▶ Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2019
Attachment
Sequence No. **02**

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

Your social security number

MICHAEL BICKELMEYER

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and include on Form 1040 or 1040-SR, line 12b	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Unreported social security and Medicare tax from Form: a <input checked="" type="checkbox"/> 4137 b <input type="checkbox"/> 8919	5	234
6	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required	6	
7a	Household employment taxes. Attach Schedule H	7a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	7b	
8	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	8	
9	Section 965 net tax liability installment from Form 965-A	9	0
10	Add lines 4 through 8. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 15	10	234

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

Cat. No. 71478U

Schedule 2 (Form 1040 or 1040-SR) 2019

QNA

Itemized Deductions

► Go to www.irs.gov/ScheduleA for instructions and the latest information.
 ► Attach to Form 1040 or 1040-SR.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

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

MICHAEL BICKELMEYER

Section	Line	Description	Amount	Year
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	200	
	2	Enter amount from Form 1040 or 1040-SR, line 8b	54992	
	3	Multiply line 2 by 7.5% (0.075)	4124	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		
Taxes You Paid	5	State and local taxes.		
	a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	1995	
	b	State and local real estate taxes (see instructions)		
	c	State and local personal property taxes		
	d	Add lines 5a through 5c	1995	
	e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	1995	
	6	Other taxes. List type and amount		
7	Add lines 5e and 6		1995	
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	a	Home mortgage interest and points reported to you on Form 1098. See instructions if limited		
	b	Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		
	c	Points not reported to you on Form 1098. See instructions for special rules		
	d	Mortgage insurance premiums (see instructions)		
	e	Add lines 8a through 8d		
9	Investment interest. Attach Form 4952 if required. See instructions.			
10	Add lines 8e and 9			
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		
	12	Other than by cash or check. If you made any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500.		
	13	Carryover from prior year		
	14	Add lines 11 through 13		
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		
Other Itemized Deductions	16	Other—from list in instructions. List type and amount		
	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 9		1995
Total Itemized Deductions	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>		

Social Security and Medicare Tax on Unreported Tip Income

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form4137 for the latest information.
▶ Attach to Form 1040, Form 1040-SR, Form 1040-NR, Form 1040-NR-EZ,
Form 1040-SS, or Form 1040-PR.

Name of person who received tips. If married, complete a separate Form 4137 for each spouse with unreported tips.

MICHAEL BICKELMEYER

1	(a) Name of employer to whom you were required to but didn't report all your tips (see instructions)	(b) Employer identification number (see instructions)	(c) Total cash and charge tips you received (including unreported tips) (see instructions)	(d) Total cash and charge tips you reported to your employer
A	THEATRE PIZZA	46-2066716	7427	7427
B	CLEVELAND STRONGSVILLE H	46-3137402	5105	2038
C				
D				
E				
2	Total cash and charge tips you received in 2019. Add the amounts from line 1, column (c)		2 12532	
3	Total cash and charge tips you reported to your employer(s) in 2019. Add the amounts from line 1, column (d)			3 9465
4	Subtract line 3 from line 2. This amount is income you must include in the total on Form 1040 or Form 1040-SR, line 1; Form 1040-NR, line 8; or Form 1040-NR-EZ, line 3			4 3067
5	Cash and charge tips you received but didn't report to your employer because the total was less than \$20 in a calendar month (see instructions)			5
6	Unreported tips subject to Medicare tax. Subtract line 5 from line 4			6 3067
7	Maximum amount of wages (including tips) subject to social security tax		7 132,900	
8	Total social security wages and social security tips (total of boxes 3 and 7 shown on your Form(s) W-2) and railroad retirement (RRTA) compensation (subject to 6.2% rate) (see instructions)		8 53958	
9	Subtract line 8 from line 7. If line 8 is more than line 7, enter -0-			9 78942
10	Unreported tips subject to social security tax. Enter the smaller of line 6 or line 9. If you received tips as a federal, state, or local government employee, see instructions			10 3067
11	Multiply line 10 by 0.062 (social security tax rate)			11 190
12	Multiply line 6 by 0.0145 (Medicare tax rate)			12 44
13	Add lines 11 and 12. Enter the result here and on Schedule 2 (Form 1040 or 1040-SR), line 5; Form 1040-NR, line 56; or Form 1040-NR-EZ, line 16 (Forms 1040-SS and 1040-PR filers, see instructions.)			13 234

General Instructions

Future Developments

For the latest information about developments related to Form 4137 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form4137.

What's New

For 2019, the maximum wages and tips subject to social security tax increases to \$132,900. The social security tax rate an employee must pay on tips remains at 6.2%.

Reminder

A 0.9% Additional Medicare Tax applies to Medicare wages, Railroad Retirement Tax Act compensation, and self-employment income over a threshold amount based on your filing status. Use Form 8959, Additional Medicare Tax, to figure this tax. For more information on the Additional Medicare Tax, see "What is the Additional Medicare Tax?" at www.irs.gov/AdMT.

Purpose of form. Use Form 4137 **only** to figure the social security and Medicare tax owed on tips you didn't report to your employer, including any allocated tips shown on your Form(s) W-2 that you must report as income. You also must report the income on

Form 1040 or Form 1040-SR, line 1; Form 1040-NR, line 8; or Form 1040-NR-EZ, line 3. By filing this form, your social security and Medicare tips will be credited to your social security record (used to figure your benefits). Don't use Form 4137 as a substitute Form W-2.



If you believe you're an employee and you received Form 1099-MISC, Miscellaneous Income, instead of Form W-2, Wage and Tax Statement, because your employer didn't consider you an employee, don't use this form to report the social security and Medicare tax on that income. Instead, use Form 8919, Uncollected Social Security and Medicare Tax on Wages.

Supporting Statements for SCHEDULE A
Client : BICKELMEYER

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	160
Prescription Medicine, Drugs, or Insulin	25
Mileage (75 miles x 0.200)	15
TOTALS:	200

Worksheet 4-1. **Student Loan Interest Deduction Worksheet**

Keep for Your Records 

Use this worksheet instead of the worksheet in the Form 1040 or 1040-SR instructions if you are filing **Form 2555** or **4563**, or you are excluding income from sources within Puerto Rico. Before using this worksheet, you must complete **Form 1040** or **1040-SR**, line 7b, and Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19, plus any amount to be entered on the dotted line next to line 22.

1.	Enter the total interest you paid in 2019 on qualified student loans. Don't enter more than \$2,500	1.	2033
2.	Enter the amount from Form 1040 or 1040-SR, line 7b	2.	57025
3.	Enter the total of the amounts from Schedule 1 (Form 1040 or 1040-SR), lines 10 through 19	3.	
4.	Enter the total of any amounts entered on the dotted line next to Schedule 1 (Form 1040 or 1040-SR), line 22, other than any amount identified as "DPAD"	4.	
5.	Add lines 3 and 4	5.	
6.	Subtract line 5 from line 2	6.	57025
7.	Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45)	7.	
8.	Enter any foreign housing deduction (Form 2555, line 50)	8.	
9.	Enter the amount of income from Puerto Rico you are excluding	9.	
10.	Enter the amount of income from American Samoa you are excluding (Form 4563, line 15)	10.	
11.	Add lines 6 through 10. This is your modified adjusted gross income	11.	57025
12.	Enter the amount shown below for your filing status	12.	70000
	• Single, head of household, or qualifying widow(er)—\$70,000		
	• Married filing jointly—\$140,000		
13.	Is the amount on line 11 more than the amount on line 12? <input checked="" type="checkbox"/> No. Skip lines 13 and 14, enter -0- on line 15, and go to line 16. <input type="checkbox"/> Yes. Subtract line 12 from line 11	13.	
14.	Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	14.	.
15.	Multiply line 1 by line 14	15.	
16.	Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1 (Form 1040 or 1040-SR), line 20. Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	16.	2033

QNA

Department of the Treasury
Internal Revenue Service

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to www.irs.gov/Form8879 for the latest information.**

2019

Submission Identification Number (SID) ▶

Taxpayer's name

MICHAEL BICKELMEYER

Spouse's name

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2019 (Whole dollars only)

1	Adjusted gross income (Form 1040 or 1040-SR, line 8b; Form 1040-NR, line 35)	1	54992
2	Total tax (Form 1040 or 1040-SR, line 16; Form 1040-NR, line 61)	2	5503
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040 or 1040-SR, line 17; Form 1040-NR, line 62a)	3	4621
4	Refund (Form 1040 or 1040-SR, line 21a; Form 1040-NR, line 73a; Form 1040-SS, Part I, line 13a)	4	
5	Amount you owe (Form 1040 or 1040-SR, line 23; Form 1040-NR, line 75)	5	882

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2019, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize STRONGSVILLE SENIOR CENTER to enter or generate my PIN

1	6	3	2	1
---	---	---	---	---

 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name
Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ *Michael Bickelmeier* Date ▶ 02/17/2020

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN

--	--	--	--	--

 as my signature on my tax year 2019 electronically filed income tax return.
ERO firm name
Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on my tax year 2019 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	4	5	0	5	4	9	8	7	6	5
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2019 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.**

ERO's signature ▶ _____ Date ▶ 02/17/2020

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

2019 Form 1040-V



Department of the Treasury
Internal Revenue Service

What Is Form 1040-V

It's a statement you send with your check or money order for any balance due on the "Amount you owe" line of your 2019 Form 1040, 1040-SR, or 1040-NR.

Consider Making Your Tax Payment Electronically—It's Easy

You can make electronic payments online, by phone, or from a mobile device. Paying electronically is safe and secure. When you schedule your payment you will receive immediate confirmation from the IRS. Go to www.irs.gov/Payments to see all your electronic payment options.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN).

If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order. If paying at IRS.gov don't complete this form.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to "United States Treasury." Don't send cash. If you want to pay in cash, in person, see *Pay by cash*.
- Make sure your name and address appear on your check or money order.
- Enter your daytime phone number and your SSN on your check or money order. If you have an Individual Taxpayer Identification Number (ITIN), enter it wherever your SSN is requested. If you are filing a joint return, enter the SSN shown first on your return. Also enter "2019 Form 1040," "2019 Form 1040-SR," or "2019 Form 1040-NR," whichever is appropriate.
- To help us process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Don't use dashes or lines (for example, don't enter "\$ XXX—" or "\$ XXX xx/100").

Notice to taxpayers presenting checks. When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

No checks of \$100 million or more accepted. The IRS can't accept a single check (including a cashier's check) for amounts of \$100,000,000 (\$100 million) or more. If you are sending \$100 million or more by check, you will need to spread the payments over two or more checks, with each check made out for an amount less than \$100 million.

Pay by cash. This is an in-person payment option for individuals provided through retail partners with a maximum of \$1,000 per day per transaction. To make a cash payment, you must first be registered online at www.officialpayments.com/fed, our Official Payment provider.

How To Send In Your 2019 Tax Return, Payment, and Form 1040-V

- Don't staple or otherwise attach your payment or Form 1040-V to your return. Instead, just put them loose in the envelope.
- Mail your 2019 tax return, payment, and Form 1040-V to the address shown on the back that applies to you.

How To Pay Electronically

Pay Online

Paying online is convenient, secure, and helps make sure we get your payments on time. You can pay using either of the following electronic payment methods. To pay your taxes online or for more information, go to www.irs.gov/Payments.

IRS Direct Pay

Pay your taxes directly from your checking or savings account at no cost to you. You receive instant confirmation that your payment has been made, and you can schedule your payment up to 30 days in advance.

Debit or Credit Card

The IRS doesn't charge a fee for this service; the card processors do. The authorized card processors and their phone numbers are all on www.irs.gov/Payments.

Form 1040-V (2019)

▼ Detach Here and Mail With Your Payment and Return ▼

Form **1040-V**

Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

2019

▶ Do not staple or attach this voucher to your payment or return.

		2 If a joint return, SSN shown second on your return	3 Amount you are paying by check or money order. Make your check or money order payable to "United States Treasury"	Dollars	Cents
				882	
Print or type	4 Your first name and middle initial MICHAEL		Last name BICKELMEYER		
	If a joint return, spouse's first name and middle initial		Last name		
	Home address (number and street) 399 PEARL ROAD	Apt. no.	City, town or post office, state, and ZIP code (if a foreign address, also complete spaces below.) BRUNSWICK OH 44212		
	Foreign country name		Foreign province/state/county		Foreign postal code

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

QNA

273606321 0K BICK 30 0 201912 610

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: MICHAEL Last name: BICKELMEYER Your social security number: *

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind *

If joint return, spouse's first name and initial: Last name: Spouse's social security number: *

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien Full-year health care coverage or exempt (see inst.)

Home address (number and street). If you have a P.O. box, see instructions. 399 PEARL ROAD Apt. no. Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. BRUNSWICK, OH 44212 If more than four dependents, see inst. and check here

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see inst.):	
				Child tax credit	Credit for other dependents
		D		<input type="checkbox"/>	<input type="checkbox"/>
		O		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2		1	42600
2a	Tax-exempt interest	2a	2b	
3a	Qualified dividends	3a	3b	
4a	IRAs, pensions, and annuities	4a	4b	
5a	Social security benefits	5a	5b	
6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 6.		6	42600
7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule T, line 36, from line 6		7	40100
8	Standard deduction or itemized deductions (from Schedule A)		8	12000
9	Qualified business income deduction (see instructions)		9	
10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	28100
11	a Tax (see inst.) 3185 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)		11	3185
12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>		12	
13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>		13	3185
14	Subtract line 12 from line 11. If zero or less, enter -0-		14	0
15	Other taxes. Attach Schedule 4		15	3185
16	Total tax. Add lines 13 and 14		16	3710
17	Federal income tax withheld from Forms W-2 and 1099		17	
17	Refundable credits: a EIC (see inst.) b Sch 8812 c Form 8863		17	
18	Add lines 16 and 17. These are your total payments		18	3710
19	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid		19	525
20a	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		20a	525
21	Amount of line 19 you want applied to your 2019 estimated tax <input checked="" type="checkbox"/>	21		
22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions		22	
23	Estimated tax penalty (see instructions)	23		

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2018

Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

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

Name(s) shown on Form 1040

Your social security number

BICKELMEYER

Additional Income	1-9b	Reserved		1-9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes		10		
	11	Alimony received		11		
	12	Business income or (loss). Attach Schedule C or C-EZ		12		
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		13		
	14	Other gains or (losses). Attach Form 4797		14		
	15a	Reserved		15b		
	16a	Reserved		16b		
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17		
	18	Farm income or (loss). Attach Schedule F		18		
	19	Unemployment compensation		19		
	20a	Reserved		20b		
	21	Other income. List type and amount ▶		21		
	22	Combine the amounts in the far right column. If you don't have any adjustments to income, enter here and include on Form 1040, line 6. Otherwise, go to line 23		22		
	Adjustments to Income	23	Educator expenses	23		
		24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	24		
		25	Health savings account deduction. Attach Form 8889	25		
		26	Moving expenses for members of the Armed Forces. Attach Form 3903	26		
		27	Deductible part of self-employment tax. Attach Schedule SE	27		
		28	Self-employed SEP, SIMPLE, and qualified plans	28		
		29	Self-employed health insurance deduction	29		
		30	Penalty on early withdrawal of savings	30		
31a		Alimony paid	31a			
31b		Recipient's SSN ▶	31b			
32		IRA deduction	32			
33	Student loan interest deduction	33	2500			
34	Reserved	34				
35	Reserved	35				
36	Add lines 23 through 35	36		2500		

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SCHEDULE 2
(Form 1040)

Tax

Name(s) shown on Form 1040		Your social security number		
BICKELMEYER				
Tax	38-44	Reserved	38-44	
	45	Alternative minimum tax. Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add the amounts in the far right column. Enter here and include on Form 1040, line 11	47	

SCHEDULE 3
(Form 1040)

Nonrefundable Credits

Name(s) shown on Form 1040		Your social security number		
BICKELMEYER				
Nonrefundable Credits	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Reserved	52	
	53	Residential energy credit. Attach Form 5695	53	
	54	Other credits from Form a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8811 c <input type="checkbox"/>	54	
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12	55		

SCHEDULE 4
(Form 1040)

Other Taxes

OMB No. 1545-0074

2018

Attachment
Sequence No. **04**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1040.

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

Name(s) shown on Form 1040

Your social security number

BICKELMEYER

Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions)	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
	63	Section 965 net tax liability installment from Form 965-A	63	0
	64	Add the amounts in the far right column. These are your total other taxes. Enter here and on Form 1040, line 14	64	0

SCHEDULE 5
(Form 1040)

Other Payments and Refundable Credits

Name(s) shown on Form 1040

Your social security number

BICKELMEYER

Other Payments and Refundable Credits	65	Reserved	65	
	66	2018 estimated tax payments and amount applied from 2017 return	66	
	67a	Reserved	67a	
	b	Reserved	67b	
	68-69	Reserved	68-69	
	70	Net premium tax credit. Attach Form 8962	70	
	71	Amount paid with request for extension to file (see instructions)	71	
	72	Excess social security and tier 1 RRTA tax withheld	72	
	73	Credit for federal tax on fuels. Attach Form 4136	73	
	74	Credits from Form: a <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Res c <input type="checkbox"/> 8885 d <input type="checkbox"/>	74	
	75	Add the amounts in the far right column. These are your total other payments and refundable credits. Enter here and include on Form 1040, line 17	75	

SCHEDULE 6
(Form 1040)

Foreign Address, Third Party Designee, and Other Information

Name(s) shown on Form 1040

Your social security number

BICKELMEYER

Foreign Address	Foreign country name	Foreign province/county	Foreign postal code
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No		Personal identification number (PIN) ▶
	Designee's name ▶	Phone no. ▶	
Additional Paid Preparer Information	Firm's address		Phone no.
	18100 ROYALTON RD STRONGSVILLE OH 44136		888-687-2277

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.

st of my knowledge and belief, they are true, ledge.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)
<i>[Signature]</i>	03/25/19	SECURITY OFFICER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)

Paid Preparers

See Schedule 6

Print/Type preparer's name	Preparer's signature	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶ STRONGSVILLE SENIOR CENTER	<i>[Signature]</i>	S44051505	
		Firm's EIN ▶ -	

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

Form **1040** (2018)

QNA

Filing status: Single Married filing jointly Married filing separately Head of household Qualifying widow(er)

Your first name and initial: **MICHAEL** Last name: **BICKELMEYER** Your social security number: _____

Your standard deduction: Someone can claim you as a dependent You were born before January 2, 1954 You are blind

If joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Spouse standard deduction: Someone can claim your spouse as a dependent Spouse was born before January 2, 1954 Full-year health care coverage or exempt (see inst.)
 Spouse is blind Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **399 PEARL ROAD** Apt. no. _____ Presidential Election Campaign (see inst.) You Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **BRUNSWICK, OH 44212** If more than four dependents, see inst. and ✓ here

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	03/25/19	SECURITY OFFICER	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if:
		S44051505	-	<input type="checkbox"/> 3rd Party Designee
Firm's name ▶ STRONGSVILLE SENIOR CENTER		Phone no. 888-687-2277		<input type="checkbox"/> Self-employed
Firm's address ▶ 18100 ROYALTON RD STRONGSVILLE OH 44136				

	1	Wages, salaries, tips, etc. Attach Form(s) W-2	1	42600
	2a	Tax-exempt interest	2b	
	3a	Qualified dividends	3b	
	4a	IRAs, pensions, and annuities	4b	
	5a	Social security benefits	5b	
	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	42600
	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	40100
	8	Standard deduction or itemized deductions (from Schedule A)	8	12000
	9	Qualified business income deduction (see instructions)	9	
	10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	28100
	11	a Tax (see inst.) <u>3185</u> (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	3185
	12	b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
	13	a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	3185
	14	Subtract line 12 from line 11. If zero or less, enter -0-	14	0
	15	Other taxes. Attach Schedule 4	15	3185
	16	Total tax. Add lines 13 and 14	16	3710
	17	Federal income tax withheld from Forms W-2 and 1099	17	
	18	Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863 Add any amount from Schedule 5	18	3710
	19	Add lines 16 and 17. These are your total payments	19	525
Refund	20a	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	20a	525
	b	Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>		
	d	Routing number <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <input type="checkbox"/>		
	21	Amount of line 19 you want applied to your 2019 estimated tax	21	
Amount You Owe	22	Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
	23	Estimated tax penalty (see instructions)	23	

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

Standard Deduction for—
 - Single or married filing separately, \$18,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard deduction, see instructions.

QNA

SCHEDULE A
(Form 1040)

Itemized Deductions

OMB No. 1545-0074

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

Attach to Form 1040.

2018

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

Name(s) shown on Form 1040

Your social security number

MICHAEL BICKELMEYER

Section	Line	Description	Amount	Total
Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	4754	
	2	Enter amount from Form 1040, line 7	40100	
	3	Multiply line 2 by 7.5% (0.075)	3008	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		1746
Taxes You Paid	5	State and local taxes.		
	5a	State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box <input type="checkbox"/>	1415	
	5b	State and local real estate taxes (see instructions)		
	5c	State and local personal property taxes		
	5d	Add lines 5a through 5c	1415	
	5e	Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	1415	
	6	Other taxes. List type and amount		
7	Add lines 5e and 6		1415	
Interest You Paid	8	Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box <input type="checkbox"/>		
	8a	Home mortgage interest and points reported to you on Form 1098		
	8b	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address		
	8c	Points not reported to you on Form 1098. See instructions for special rules		
	8d	Reserved		
	8e	Add lines 8a through 8c		
9	Investment interest. Attach Form 4952 if required. See instructions			
10	Add lines 8e and 9			
Gifts to Charity	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions		
	12	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		
	13	Carryover from prior year		
	14	Add lines 11 through 13		
Casualty and Theft Losses	15	Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions		
Other Itemized Deductions	16	Other—from list in instructions. List type and amount		
Total Itemized Deductions	17	Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8		3161
	18	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2018

QNA

Supporting Statements for SCHEDULE A
Client : BICKELMEYER

Medical and Dental Expenses

<u>Description of Expense</u>	<u>Amount</u>
Medical and Dental Insurance	3744
Amount Paid to Doctors, Dentists, Eye Doctors, etc.	1000
Prescription Medicine, Drugs, or Insulin	<u>10</u>
TOTALS:	4754

Use this worksheet instead of the worksheet in the Form 1040 instructions if you are filing **Form 2555, 2555-EZ, or 4563**, or you are excluding income from sources within Puerto Rico. Before using this worksheet, you must complete **Form 1040, line 6**, and **Schedule 1 (Form 1040), lines 23 through 32**, plus any amount to be entered on the dotted line next to line 36.

1.	Enter the total interest you paid in 2018 on qualified student loans. Don't enter more than \$2,500	1.	<u>2500</u>
2.	Enter the amount from Form 1040, line 6	2.	<u>42600</u>
3.	Enter the total of the amounts from Schedule 1 (Form 1040), lines 23 through 32	3.	_____
4.	Enter the total of any amounts entered on the dotted line next to Schedule 1 (Form 1040), line 36, other than any amount identified as "DPAD"	4.	_____
5.	Add lines 3 and 4	5.	_____
6.	Subtract line 5 from line 2	6.	<u>42600</u>
7.	Enter any foreign earned income exclusion and/or housing exclusion (Form 2555, line 45; or Form 2555-EZ, line 18)	7.	_____
8.	Enter any foreign housing deduction (Form 2555, line 50)	8.	_____
9.	Enter the amount of income from Puerto Rico you are excluding	9.	_____
10.	Enter the amount of income from American Samoa you are excluding (Form 4563, line 15)	10.	_____
11.	Add lines 6 through 10. This is your modified adjusted gross income	11.	<u>42600</u>
12.	Enter the amount shown below for your filing status	12.	<u>65000</u>
	• Single, head of household, or qualifying widow(er)—\$65,000		
	• Married filing jointly—\$135,000		
13.	Is the amount on line 11 more than the amount on line 12?		
	<input checked="" type="checkbox"/> No. Skip lines 13 and 14, enter -0- on line 15, and go to line 16.		
	<input type="checkbox"/> Yes. Subtract line 12 from line 11	13.	_____
14.	Divide line 13 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	14.	_____
15.	Multiply line 1 by line 14	15.	_____
16.	Student loan interest deduction. Subtract line 15 from line 1. Enter the result here and on Schedule 1 (Form 1040), line 33. Don't include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	16.	<u>2500</u>