

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

Your first name and middle initial: MICHAEL
Last name: BICKELMEYER
Your social security number:
If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
399 PEARL ROAD Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below.
BRUNSWICK State OH ZIP code 44212
Foreign country name Foreign province/state/county Foreign postal code
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
[] You [] Spouse
[] Yes [X] No

Digital Assets
At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)
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, 1958 [] Are blind Spouse: [] Was born before January 2, 1958 [] Is blind

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

Income section table with rows 1a through 15. Includes categories like Total amount from Form(s) W-2, Household employee wages, Tip income, Medicaid waiver payments, etc. Total income: 25, Adjusted gross income: 64,905, Taxable income: 51,955.

Tax and Credits

- 16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3
- 17 Amount from Schedule 2, line 3
- 18 Add lines 16 and 17
- 19 Child tax credit or credit for other dependents from Schedule 8812
- 20 Amount from Schedule 3, line 8
- 21 Add lines 19 and 20
- 22 Subtract line 21 from line 18. If zero or less, enter -0-
- 23 Other taxes, including self-employment tax, from Schedule 2, line 21
- 24 Add lines 22 and 23. This is your total tax

16	7,052
17	
18	7,052
19	
20	
21	
22	7,052
23	
24	7,052

Payments

- 25 Federal income tax withheld from:
 - a Form(s) W-2
 - b Form(s) 1099
 - c Other forms (see instructions)
 - d Add lines 25a through 25c
- 26 2022 estimated tax payments and amount applied from 2021 return
- 27 Earned income credit (EIC)
- 28 Additional child tax credit from Schedule 8812
- 29 American opportunity credit from Form 8863, line 8
- 30 Reserved for future use
- 31 Amount from Schedule 3, line 15
- 32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits
- 33 Add lines 25d, 26, and 32. These are your total payments

25a	6,150
25b	
25c	
25d	6,150
26	
27	
28	
29	
30	
31	169
32	169
33	6,319

25d	6,150
26	
27	
28	
29	
30	
31	169
32	169
33	6,319

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

Refund

- 34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid
- 35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here
- b Routing number
- d Account number

Direct deposit? See instructions.

c Type: Checking Savings

Amount You Owe

- 36 Amount of line 34 you want applied to your 2023 estimated tax
- 37 Subtract line 33 from line 24. This is the amount you owe.
- 38 Estimated tax penalty (see instructions)

36	
37	733
38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name **HRB TAX GROUP INC** Phone no. **440-572-0429** Personal identification number (PIN) **34638**

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: **SECURITY**

Spouse's signature: _____ Date: _____ Spouse's occupation: _____

Phone no. **440-876-3672** Email address **MIBICKELMEYER@YAHOO.COM**

Paid Preparer Use Only

Preparer's name **JANET ELDER** Preparer's signature _____ Date **02-17-2023** PTIN **P00567633** Check if: Self-employed

Firm's name **HRB TAX GROUP INC** Phone no. **440-572-0429**

Firm's address **13500 PEARL RD UNIT 135 STRONGSVILLE OH 44136** Firm's EIN **431871840**

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

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2022

Attachment
Sequence No. 01

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

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

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

MICHAEL BICKELMEYER

Your social security number

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions)			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss			
b	Gambling	8a ()		
c	Cancellation of debt	8b		
d	Foreign earned income exclusion from Form 2555	8c		
e	Income from Form 8853	8d ()		
f	Income from Form 8889	8e		
g	Alaska Permanent Fund dividends	8f		
h	Jury duty pay	8g		
i	Prizes and awards	8h		
j	Activity not engaged in for profit income	8i		
k	Stock options	8j		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8l		
n	Section 951(a) inclusion (see instructions)	8m		
o	Section 951A(a) inclusion (see instructions)	8n		
p	Section 461(l) excess business loss adjustment	8o		
q	Taxable distributions from an ABL account (see instructions)	8p		
r	Scholarship and fellowship grants not reported on Form W-2	8q		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8r		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8s ()		
u	Wages earned while incarcerated	8t		
z	Other income. List type and amount: ADDITIONAL TIP INCOME \$25	8u		
8z			25	
9	Total other income. Add lines 8a through 8z		9	25
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	25

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

SCHEDULE 3
(Form 1040)

Additional Credits and Payments

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2022

Attachment
Sequence No. 03

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

MICHAEL BICKELMEYER

Your social security number

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	
5	Residential energy credits. Attach Form 5695		5	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Alternative motor vehicle credit. Attach Form 8910	6e		
f	Qualified plug-in motor vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
z	Other nonrefundable credits. List type and amount:	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 5 and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	

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

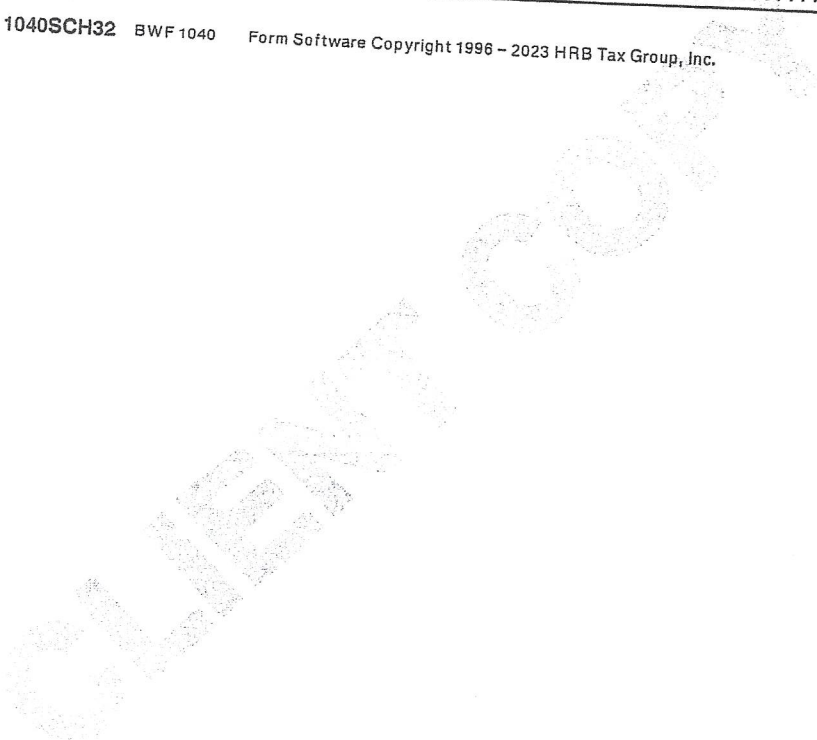
(continued on page 2)

Schedule 3 (Form 1040) 2022

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Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	169
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken before April 1, 2021	13b		
c	Reserved for future use	13c		
d	Credit for repayment of amounts included in income from earlier years	13d		
e	Reserved for future use	13e		
f	Deferred amount of net 965 tax liability (see instructions)	13f		
g	Reserved for future use	13g		
h	Credit for qualified sick and family leave wages paid in 2022 from Schedule(s) H for leave taken after March 31, 2021, and before October 1, 2021	13h		
z	Other payments or refundable credits. List type and amount:	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	169



Premium Tax Credit (PTC)

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return

MICHAEL BICKELMEYER

Your social security number

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

Part I Annual and Monthly Contribution Amount

Table with 8 rows (1-8) and 2 columns (description, amount). Row 1: Tax family size. Row 2a: Modified AGI (64,905). Row 2b: Total dependents' modified AGI. Row 3: Household income (64,905). Row 4: Federal poverty line (12,880). Row 5: Household income as percentage of federal poverty line (401%). Row 7: Applicable figure (0.085). Row 8a: Annual contribution amount (5,517). Row 8b: Monthly contribution amount (460).

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instr. [] Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. [X] No. Continue to line 10. 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23. [X] Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. [] No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Table with 6 columns: Calculation, (a) Annual enrollment premiums, (b) Annual applicable SLCP premium, (c) Annual contribution amount, (d) Annual maximum premium assistance, (e) Annual premium tax credit allowed, (f) Annual advance payment of PTC. Rows include Annual Totals, Monthly Calculation (Jan-Dec), and Total premium tax credit (4,021).

Summary rows 24-26. Row 24: Total premium tax credit (4,021). Row 25: Advance payment of PTC (3,852). Row 26: Net premium tax credit (169).

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

Table with 3 rows (27-29) and 2 columns (description, amount). Row 27: Excess advance payment of PTC. Row 28: Repayment limitation. Row 29: Excess advance premium tax credit repayment.

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

IRS e-file Signature Authorization

CLIENT COPY
OMB No. 1545-0074

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

Submission Identification Number (SID) ▶

Taxpayer's name MICHAEL BICKELMEYER	Social security number
Spouse's name	Spouse's social security number

Part I Tax Return Information -- Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.
Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income			
2 Total tax	1	64,905	
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	2	7,052	
4 Amount you want refunded to you	3	6,150	
5 Amount you owe	4		
	5	733	

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 the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. 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 the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize HRB TAX GROUP INC to enter or generate my PIN 16321 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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*

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN _____ as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. 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 ▶ 2/17/2023

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. 34197950616

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above 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 ▶ JANET ELDER Date ▶ 2/17/2023

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

2022 WAGES AND SALARIES SUMMARY ATTACHMENT

MICHAEL BICKELMEYER

Employer Name	Employer EIN	T or S	Wages	Federal Withholding	Social Security Tax Withheld	State	State Wages	State Tax Withheld	Local Tax Withheld
MILE HIGH PIZZA COMPANY LLC	82-0957675	T	8,327	662	271	OH	8,327	120	
UNIVERSAL PROTECTION SERVIC	56-0515447	T	44,061	5,270	2,732	OH	44,061	1,552	
PS NWO LLC	87-2272465	T	12,445	218	772	OH	12,445	159	
HONEY BAKED HAM COMPANY LLC	47-3373810	T	47		3	OH	47		
TOTAL			64,880	6,150	3,778		64,880	1,831	

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2022 FEDERAL TAX WITHHOLDINGS ATTACHMENT

MICHAEL BICKELMEYER

W-2	MILE HIGH PIZZA COMPANY LLC	662
W-2	UNIVERSAL PROTECTION SERVICES LLC	5,270
W-2	PS NWO LLC	218
TOTAL TO FORM 1040/1040-SR LINE 25D		6,150

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2023 CARRYFORWARD INFORMATION

Keep for Your Records

Itemized Returns Only - 2022 state and local tax refund (this amount may not be taxable in 2022)	_____
Charitable contributions carryover to 2023	_____
Estimated short-term capital loss carryover	_____
Estimated long-term capital loss carryover	_____
2022 tax liability (for 2023 Form 2210 purposes)	_____
Form 8839: 2021 carryover of unqualified expenses	6,883
Refund amount applied to 2023	_____
Disallowed investment interest in 2022	_____
Additional state taxes paid	_____
Form 8396: Mortgage interest credit from 2020	_____
Mortgage interest credit from 2021	_____
Mortgage interest credit from 2022	_____
Form 8801: Minimum tax credit carryforward	_____
Potential 2023 IRA contribution from 2022 tax refund	_____

NOL carryforward:		Regular Tax		AMT Tax	
from 2002	_____	from 2012	_____	from 2002	_____
from 2003	_____	from 2013	_____	from 2003	_____
from 2004	_____	from 2014	_____	from 2004	_____
from 2005	_____	from 2015	_____	from 2005	_____
from 2006	_____	from 2016	_____	from 2006	_____
from 2007	_____	from 2017	_____	from 2007	_____
from 2008	_____	from 2018	_____	from 2008	_____
from 2009	_____	from 2019	_____	from 2009	_____
from 2010	_____	from 2020	_____	from 2010	_____
from 2011	_____	from 2021	_____	from 2011	_____
Gross NOL generated in 2022	_____			Gross AMT NOL generated in 2022	_____
To be absorbed in carryback period	_____			To be absorbed in carryback period	_____
Net carryforward from 2022	_____			Net carryforward from 2022	_____
Total carryforward to 2023	_____			Total carryforward to 2023	_____

- The amounts carried to next year from Schedule(s) E, pages 1 and/or 2, are found on Form 8582, Worksheet 6. Carryover AMT amounts are found on the AMT Form 8582, Worksheet 6.
- Foreign Tax Credit carryforward to 2023
- General Business Credit carryforward to 2023
- First-Time Homebuyer Credit Repayment carryforward to 2023
- If there are Form(s) 6252 in this tax return, the gross profit ratio and prior payments received (including the current year payments) will carry forward from each Form 6252.
- Amounts from Form 6251, lines 16 through 18, lines 27 and 28 are automatically carried forward to 2023.

OH 2022 INCOME TAX WITHHELD FOR LINE 33G	1,831
OH STATE & LOCAL REFUND TO REPORT ON 2023 1040	379
OH 2022 TAX FOR 2023 UNDERPAYMENT PENALTY FORM	1,452