

Filing Status 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 A	Last name BISHOP	Your social security number 376 88 8095	
If joint return, spouse's first name and middle initial CELESTE A	Last name BISHOP	Spouse's social security number 383 92 7557	
Home address (number and street). If you have a P.O. box, see instructions. 8607 CARLSBAD LANE		Apt. no.	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.
City, town, or post office. If you have a foreign address, also complete spaces below. LANSING		State MI	ZIP code 48917
Foreign country name	Foreign province/state/county	Foreign postal code	<input type="checkbox"/> You <input type="checkbox"/> Spouse

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.) Yes No

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

Age/Blindness	You: <input type="checkbox"/> Were born before January 2, 1958 <input type="checkbox"/> Are blind	Spouse: <input type="checkbox"/> Was born before January 2, 1958 <input type="checkbox"/> Is blind		
Dependents (see instructions):	(1) First name If more than four dependents, see instructions and check here . . . <input type="checkbox"/>	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit <input type="checkbox"/> Credit for other dependents <input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 181,186.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	1b	
If you did not get a Form W-2, see instructions.	1c	
Attach Sch. B if required.	1d	
Standard Deduction for—	1e	
• Single or Married filing separately, \$12,950	1f	
• Married filing jointly or Qualifying surviving spouse, \$25,900	1g	
• Head of household, \$19,400	1h	
• If you checked any box under Standard Deduction, see instructions.	1z Add lines 1a through 1h	1z 181,186.
	2a Tax-exempt interest	2a
	3a Qualified dividends	3a
	4a IRA distributions	4a
	5a Pensions and annuities	5a
	6a Social security benefits	6a
	c If you elect to use the lump-sum election method, check here (see instructions)	b Taxable interest
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	b Ordinary dividends
	8 Other income from Schedule 1, line 10	b Taxable amount
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	b Taxable amount
	10 Adjustments to income from Schedule 1, line 26	b Taxable amount
	11 Subtract line 10 from line 9. This is your adjusted gross income	
	12 Standard deduction or itemized deductions (from Schedule A)	
	13 Qualified business income deduction from Form 8995 or Form 8995-A	
	14 Add lines 12 and 13	
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	

Tax and Credits	16 Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16 20,309.																							
	17 Amount from Schedule 2, line 3	17 0.																							
	18 Add lines 16 and 17	18 20,309.																							
	19 Child tax credit or credit for other dependents from Schedule 8812	19																							
	20 Amount from Schedule 3, line 8	20 0.																							
	21 Add lines 19 and 20	21 0.																							
	22 Subtract line 21 from line 18. If zero or less, enter -0-	22 20,309.																							
	23 Other taxes, including self-employment tax, from Schedule 2, line 21	23																							
	24 Add lines 22 and 23. This is your total tax	24 20,309.																							
Payments	25 Federal income tax withheld from:																								
	a Form(s) W-2	25a 19,887.																							
	b Form(s) 1099	25b																							
	c Other forms (see instructions)	25c																							
	d Add lines 25a through 25c	25d 19,887.																							
	26 2022 estimated tax payments and amount applied from 2021 return	26																							
	27 Earned income credit (EIC)	27																							
	28 Additional child tax credit from Schedule 8812	28																							
	29 American opportunity credit from Form 8863, line 8	29																							
	30 Reserved for future use	30																							
	31 Amount from Schedule 3, line 15	31																							
	32 Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32																							
	33 Add lines 25d, 26, and 32. These are your total payments	33 19,887.																							
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 <input type="checkbox"/>	35a																							
	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></tr></table> 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><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	X	X	X	X	X	X			
	36 Amount of line 34 you want applied to your 2023 estimated tax	36																							
Amount You Owe	37 Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37 422.																							
	38 Estimated tax penalty (see instructions)	38																							
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																							
	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.																								
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation OPERATIONS MANAGER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)																					
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation DATA PROCESSING MANAGER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)																					
	Phone no. 517-775-4916	Email address																							
Paid Preparer Use Only	Preparer's name	Preparer's signature SELF-PREPARED	Date	PTIN	Check if: <input type="checkbox"/> Self-employed																				
	Firm's name				Phone no.																				
	Firm's address				Firm's EIN																				

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

Form **1040** (2022)

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

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

Attach to Form 1040 or 1040-SR.

OMB No. 1545-0074

2022

Attachment
Sequence No. 07

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

MICHAEL A BISHOP & CELESTE A BISHOP

Your social security number
376-88-8095

**Medical
and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

1	Medical and dental expenses (see instructions)	1	3 , 449 .
2	Enter amount from Form 1040 or 1040-SR, line 11	2	181 , 198 .
3	Multiply line 2 by 7.5% (0.075)	3	13 , 590 .
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	

**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

b State and local real estate taxes (see instructions)

c State and local personal property taxes

d Add lines 5a through 5c

e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)

6 Other taxes. List type and amount: _____

5a	7 , 488 .
5b	5 , 296 .
5c	
5d	12 , 784 .
5e	10 , 000 .
6	

7 Add lines 5e and 6 7 10 , 000 .

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

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

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 Reserved for future use

e Add lines 8a through 8c

8a	9 , 487 .
8b	
8c	
8d	
8e	9 , 487 .
9	

9 Investment interest. Attach Form 4952 if required. See instructions .

10 Add lines 8e and 9 10 9 , 487 .

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

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

11	29 , 553 .
12	
13	

14	29 , 553 .
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**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

15	
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**Other
Itemized
Deductions**

16 Other—from list in instructions. List type and amount: _____

16	
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**Total
Itemized
Deductions**

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 12

18 If you elect to itemize deductions even though they are less than your standard deduction, check this box

17	49 , 040 .
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