

PERSONAL INFORMATION

Your Name	Social Security #	Date of Birth
Spouse's Name		
Address		
What City or Township do you live in ? _____		
Telephones	Cell	_____
	Home	_____
	Work	_____
E-Mail Address: _____		

STATE OF OHIO REQUIREMENT FOR ELECTRONICALLY FILING THE TAX RETURN		
Driver's License or State Identification Card Information		
	Taxpayer	Spouse
DL Number or State ID Number	_____	_____
Issue Date	_____	_____
Expiration Date	_____	_____

Marital Status as of December 31, 2022 Single Married Live with Spouse

Dependents	Relationship	SSN	Date of Birth

Health Insurance

Did you and everyone in your household have health insurance for all of 2022? Yes No

If No, please list any coverage for anyone that had coverage for any months of 2022

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You must bring forms 1095A, 1095B or 1095C if you received them concerning your health insurance coverage.