

**RELIABLE TAX & BOOKKEEPING – REFER A FRIEND**  
**----- NEW CLIENTS ONLY -----**

\_\_\_\_\_  
New Client's Name (Please Print)

**Receive \$35.00 for referring a new client. New client's preparation fee must be over \$ 199.00. Checks will be mailed by the end of May.**

EXISTING CLIENT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

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City: \_\_\_\_\_ State \_\_\_\_ Zip code \_\_\_\_\_

# PERSONAL INFORMATION

Your Name	Social Security #	Date of Birth
Spouse's Name		
Address		
What City or Township do you live in ? _____		
Telephones	Cell	<input style="width: 150px; height: 20px;" type="text"/>
	Home	<input style="width: 150px; height: 20px;" type="text"/>
	Work	<input style="width: 150px; height: 20px;" type="text"/>
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	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Live with Spouse
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Dependents	Relationship	SSN	Date of Birth

Health Insurance		
Did you and everyone in your household have health insurance for all of 2022? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If No, please list any coverage for anyone that had coverage for any months of 2022		

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

**2022** **INCOME** **2022**

CHECK ALL THAT APPLY AND BRING STATEMENTS

	Wages, Sick Pay, Etc		Pension & IRA Withdrawals
	Interest & Dividends		Rental Income & Expenses
	Alimony Received		Farm Income & Expenses
	Unemployment Compensation		Self Employment Income & Expenses
	Social Security		Sale of Stock, Land, Etc
	Lottery/Gambling Winnings		Other Income (List Source & Amount)

**2022** **ITEMIZED DEDUCTIONS** **2022**

	Husband	Wife	GIFTS TO CHARITY	Husband	Wife
Health Insurance Premiums			(Attach Receipts)		
Prescriptions & Medicine			Total Gifts by Cash or Check		
HSA Distributions - BRING STATEMENT - 1099SA			Charitable Miles		
Dental Expenses			Other than by Cash or Check		
Medical Miles Driven					
Long Term Care Insurance Premiums					

**TAXES YOU PAID** **JOB EXPENSES (List):**

State & Local Taxes			Do you get car allowance (bring)		
Real Estate Tax			*Parking		
Personal Property Tax			*Business Miles		

**MORTGAGES** **ANY SIDE HUSTLES/JOBS**

Mortgage Interest			INCOME		
			EXPENSES		

**DEDUCTIONS & CREDITS: Check Those That Apply** **Husband** **Wife**

Teaching Supplies (K-12 Teachers Only)	\$	\$
IRA Contributions <input type="checkbox"/> Roth <input type="checkbox"/> Traditional	\$	\$
Alimony Paid Recipient's Name _____ Soc. Sec. No. _____	\$	\$
Student Loan Interest	\$	\$
Health Savings Account Contributions (Bring Statements)	\$	\$
Moving Expense (Bring Itemized List )(Armed Forces)	\$	\$
Self Employed Health Insurance Premiums	\$	\$
SEP, Simple & Other Pension Contributions	\$	\$
Child Care Expenses Babysitters Name _____ Address _____ Soc. Sec. No _____ Fed ID No _____	\$	\$
Investment Interest (Bring Statements)	\$	\$
Tuition / Fees / Educational Expenses (Bring Statements)	\$	\$
	\$	\$
	\$	\$

2022

RENTAL INCOME & EXPENSES

2022

Address of Property

Type of Property  
(single-family dwelling, duplex, apartment  
building, commercial, etc)

Properties

A

B

C

Rental Income Received

Expenses:

Advertising

Appliances Purchased

Auto & Travel

Cleaning & Maintenance

Commissions

Insurance

Legal & Professional

Licenses & Permits

Management Fees

Mortgage Interest

Property Taxes

Repairs

Supplies

Utilities

Other

Other:

ASSETS

Appliances/ Furniture: Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Date / / \_\_\_\_\_

Major Repairs: Item \_\_\_\_\_ Cost \$ \_\_\_\_\_ Date / / \_\_\_\_\_

\*\*NOTE\*\* If property was sold or purchased during 2022, please bring the sale/purchase papers for the property.

2022

PROFIT OR LOSS FROM BUSINESS-Schedule C

2022

Name: SSN:

Principal Business or Profession Business Code

Business Name Employer ID No.:

Business Address

Activity Type Some Investment is NOT at Risk

You Started or Acquired this Business during 2022  You Disposed of this Property During 2022

Did you make any payments in 2022 over \$600 to any one person?  Yes  No

If "Yes" did you or will you file all required Forms 1099  Yes  No

INCOME:

Gross Receipts of Sales

Other Income

Returns and Allowances

1099K - Credit Card Reports

EXPENSES:

Advertising

Auto & Truck Expenses / Mileage Log

Commissions & Fees

Contract Labor

Employee Benefit Programs

Insurance (Other than Health)

Interest (Paid to Banks, etc)

Legal & Professional Services

Office Expenses

Pension & Profit Sharing Plans

Rent or Lease (vehicles, machinery, equipment)

Rent (Other Business property)

Repairs & Maintenance

Supplies

Taxes & Licenses (Breakdown)

Travel

Meals and Entertainment

Utilities

Wages

Other Expenses (List)

COST OF GOODS SOLD

Inventory at Beginning of Year Materials and Supplies

Purchases (less cost of items withdrawn for personal use) Other Costs

Cost of Labor Inventory at End of Year