

# PERSONAL INFORMATION

|   |                   |   |
|---|-------------------|---|
|   | Social Security # | Date of Birth                             |
| Your Name                                   |                   |   |
| Spouse's Name                               |                   |   |
| Address                                     |                   |   |
| What City or Township do you live in. _____ |                   |   |
| Telephones                                  | Cell              | <input style="width: 100%;" type="text"/> |
|   | Home              | <input style="width: 100%;" type="text"/> |
|   | Work              | <input style="width: 100%;" 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, 2018     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 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |   |
| If No, please list any coverage for anyone that had coverage for any months of 2018  |   |   |
| <input style="width: 100%; height: 40px;" type="text"/>  | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| You must bring forms 1095A, 1095B or 1095C if you received them concerning your health insurance coverage.                             |   |   |