

PERSONAL INFORMATION

	Social Security #	Date of Birth
Your Name		
Spouse's Name		
Address		
Do you live in the city or the township <input type="checkbox"/> City <input type="checkbox"/> Township		
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	<input style="width: 300px; height: 20px;" type="text"/>	

*****NEW*** 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, 2016 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 2016? Yes No

If No, please list any coverage for anyone that had coverage for any months of 2016

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