

TAXPAYER

Legal Name _____

Social Security # _____ Date of Birth _____

Occupation _____ Identity Protection Pin (or IP PIN) _____

License or ID # _____ Issue Date _____ Expiration Date _____

Address _____

Phone # _____ Via Text: Yes No Email _____

Single Separated Married Married Widower (DOD) _____ Civil Union

Transactions Involving Cryptocurrency Yes No

Moved During Tax Year? Yes No If Yes, List Previous Address(es)

_____ Date Moved _____ _____ Date Moved _____

SPOUSE

Legal Name _____

Social Security # _____ Date of Birth _____

Occupation _____ Identity Protection Pin (or IP PIN) _____

License or ID # _____ Issue Date _____ Expiration Date _____

Address: _____

Phone # _____ Via Text: Yes No Email _____

Identity Protection PIN (or IP PIN) _____

Single Separated Married Married Widower (DOD) _____ Civil Union

Transactions Involving Cryptocurrency Yes No

DIRECT DEPOSIT

Name(s) on Account _____

Financial Institution: _____ Checking Account Savings Account

Routing # _____ Account # _____

EXEMPTIONS

Identity Protection PIN (or IP PIN)	Dependent Legal Name	Birth Date	Social Security # to Taxpayer	Relationship in Home	Months
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you have custody of your child, but want to release the right to claim your child as a dependent to the noncustodial parent you'll need to fill out Form 8332.

CHILD CARE INFORMATION

Child Care Provider _____

Address _____

Federal ID # _____ Amount Paid _____

OHIO HOMESCHOOL TAX CREDIT

Did you home school your child or children? Yes No

Provide a list of educational expenses you paid if your dependent was home schooled (books, supplementary materials, supplies, computer software, applications and subscriptions)

BUSINESS INFORMATION

Business Name _____ Tax ID# _____

Address _____

Entity Type (Check One): Sole Prop Partnership LLC S-Corp Corporation

Date Entity Established _____

ESTIMATES PAID

City	1st Qtr \$ _____	2nd Qtr \$ _____	3rd Qtr \$ _____	4th Qtr \$ _____
State	1st Qtr \$ _____	2nd Qtr \$ _____	3rd Qtr \$ _____	4th Qtr \$ _____
Federal	1st Qtr \$ _____	2nd Qtr \$ _____	3rd Qtr \$ _____	4th Qtr \$ _____

QUALIFIED PLUG-IN ELECTRIC DRIVE MOTOR VEHICLE(S)

Did you purchase a plug-in electric vehicle or truck with four wheels? Yes No

Year, Make, and Model of Vehicle _____ Vehicle ID # _____

Date Vehicle was Placed in Service _____ Cost of Vehicle _____

