

Are you a returning customer? (circle one) Yes No

Filing Status (circle one) Single, Head of Household, Married Filing Jointly, Qualifying Widow/Widower, Married Filing Separately

Taxpayer Name _____

Spouse _____

SS# _____ - _____ - _____

SS# _____ - _____ - _____

DOB _____

DOB _____

Occupation _____

Occupation _____

Phone _____ **C/H/W?**

Phone _____ **C/H/W?**

Email _____

Email _____

Ohio Driver's License # _____

Ohio Driver's License # _____

Issue Date _____ **Expiration Date** _____

Issue Date _____ **Expiration Date** _____

Best Contact Method? Cell Home Email

- Have you moved this year? (circle one) Yes No If yes, what date? _____
- Current Address _____
- Do you live in a (circle one) CITY or TOWNSHIP ?
- Did you live in the same city/township the entire year? (circle one) Yes No
- IF NO- Please list addresses and dates you lived at each on the back of this sheet.
- ** Would you like us to prepare any **city taxes** for you this year? (circle one) Yes No
- In which school district do you live? _____
- Do you have any changes in dependents this year? (circle one) Yes No
- Did you or any of your dependents attend college in the past year? (circle one) Yes No

Please list dependents in the table below. Use back for more than 3 dependents

Name (last name only needed if different from taxpayer)	DOB	Social Security Number	Relationship	Number of months dependent lived with you during the year

- If you are due any refunds this year, would you like a (circle one) Paper check or Direct Deposit
- Do you owe any sales tax that was not paid with the purchase? (circle one) Yes No
- Did you have any interest in or authority over any foreign account or foreign trust, or at any time during the tax year received, sold, sent, exchanged or acquired any financial interest in any virtual currency (e.g. Bitcoin)?
(Circle one) Yes No

Taxpayer's signature _____ **Date:** _____

**** Complete the next page if you want to use Direct Deposit****

Direct Deposit Information

This information is used to deposit your refund(s).

If you have provided incorrect information or the account has been closed, **YOU are responsible.**

You will get one more opportunity to check this when you pick up your return.

Choose one: Checking Savings

Name of Bank: _____

Routing Number: _____

Account Number: _____

You May Attach
A Voided Check Here
Instead

PLEASE VERIFY BANK ACCOUNT INFORMATION CAREFULLY!

I have reviewed my bank information and certify the above information is correct.

I further authorize Anita L. Eisthen. CPA LLC to use this account information to deposit my refunds.

*** _____
Sign and Date

** _____
Sign and Date

Additional Dependents Continued from Front

Name (last name only needed if different from taxpayer)	DOB	Social Security Number	Relationship	Number of months dependent lived with you during the year