

**13 North Westmoor Ave. • Columbus Ohio 43204**

**Ph: (614) 203-5134 ♦ Toll Free 1-888-389-4552 ♦ Fax: (614) 358-8322**

*Please fill out the following as completely as possible.*

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Tax Payer: | Spouse: |
| Address: | City: | St: | Zip: |
| Email Address: | Email Address: |
| Tax Payer’s Contact Phone Number:( )  | Spouse’s Contact Phone Number:( )  |
| Tax Payer’s SSN: | Spouse’s SSN: |
| Tax Payer’s DOB: | Spouse’s DOB: |

EXEMPTION & DEPENDENT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Dependent/** | D.O.B | SSN | **Son, Daughter, etc.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Marital Status as of December 31st of Tax Year: Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_

(If separated, must provide ex-spouse full name and social security number)

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

The above information is complete to the best of my (our) knowledge. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxpayer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_