

OBTS Date Received: _____ Initials _____

**2022 Questionnaire Short-Form For Current Clients That
Did Not Move or Change Marital Status**

Taxpayer(s) Name: _____

Phone Number: _____ E-Mail Address: _____

Bank Verification (Must be completed unless it's the same as last year and we have proof on file.)

Name of Financial Institution _____ or ☐ same as last year

Routing Number _____ Direct Deposit: Y N

Account Number _____ Direct Debit: Y N

Circle one: Checking Savings Must be joint account if joint return.

HSA (Health Savings Account) Information

If you have an HSA (code W on your W-2), you must provide us with Form 1099-SA if you had distributions.

☐ All distributions were used to pay medical expenses. (Please check the box if correct.) ☐ No 2022 distributions.

Ohio State Use Tax Certification

If sales tax was paid on all purchases, check here ☐

OR I have taxable purchases made that I never paid any sales tax Total \$ _____

Estimates

If you were required to make any estimates (Federal, State, School District or City) you **MUST** provide the amount paid by taxing authority (i.e. IRS, RITA)

IRA Contributions: Roth: Taxpayer _____ Spouse _____

Traditional: Taxpayer _____ Spouse _____

Virtual Currency Statement

At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

i.e. BitCoin or Ethereum Y N

Refund Options if not Direct Deposit

☐ Check Mailed to Taxpayer

☐ Bank Product (Tax preparation fees withheld from refund. Minimum \$38.95 additional fee.)

Signature Documents Options

☐ Sign at office and pick up taxes.

☐ E-Sign over client portal-copy of return uploaded to portal (requires e-mail address)

☐ Please also mail a copy of my tax returns. (\$5 extra)

Please read and sign below:

I understand that my return will be prepared based on the information I provided. I am solely responsible for the accuracy of that information and for maintaining the records to support it. My documents will not be returned to me by mail unless I chose the regular mail option above or will be available for me to pick up at the office.

Signature _____ (REQUIRED) Date: _____