

☐ **Checking box gives us permission to text**

OBTS Date Received: _____ Initials _____

2023 Drop Off Form For Clients That Moved or Changed Marital Status

Taxpayer Name: _____ Spouse Name _____

SSN of new spouse: _____ Birth Date of New Spouse: _____

New Address (include city, state & zip code):

Old Address (include city, state & zip code):

Phone Number: _____ Primary E-Mail Address: _____

Moved: Taxpayer: Moved Date: _____ from (city, State): _____

to (city, State) _____

Spouse (if different): Moved Date: _____ from (city, State) _____

to (city, State) _____

Income (i.e. W-2's) must be marked with dates you earned the income so we can prorate the income.

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

Bank Name _____ **MUST ENTER BANK NAME even if same** ☐ same as last year

Routing Number _____ Direct Deposit: Y N

Account Number _____ Direct Debit: Y N

☐ Checking ☐ Savings Must be joint account if joint return.

HSA (Health Savings Account) Information Y N

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-MUST BE ANSWERED

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 *includes RITA (\$10 fee if we have to get your RITA 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, Ohio, Ohio SD, RITA).

IRA Contributions: Roth: Taxpayer _____ Spouse _____

Traditional: Taxpayer _____ Spouse _____

Traditional to ROTH Conversion in 2023: Taxpayer _____ Spouse _____

Virtual Currency Statement/Foreign Assets-MUST BE ANSWERED

At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? Y N

I have over \$10,000 in a foreign bank account. Y N

Marketplace Insurance I have marketplace insurance and have enclosed Form 1095-A. ☐

Education Credit I have enclosed Form 1098-T's for any higher education. (Dependents on their own form) ☐

IP PIN I have an Identity Protection Pin (IP PIN) from the IRS & have attached the notice. Taxpayer ☐ Spouse ☐

Refund Options if not Direct Deposit

☐ Check Mailed to Taxpayer

☐ Bank Product (Tax preparation fees withheld from refund. Minimum \$40.00 additional fee.)

Signature Documents Options

☐ Sign at office and pick up taxes.

☐ E-Sign over client portal-copy of return uploaded to portal ☐ 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: _____

Signature _____ (REQUIRED) Date: _____