

**PLEASE RETURN THIS SIGNATURE PAGE TO MANNING & ASSOCIATES CPAs WITH
YOUR 2017 TAX INFORMATION**

Client Name (please print): _____

Client Preference for Tax Return Copy

Please provide my copy of the 2017 Individual Tax return in the form of:

Email Email Address: _____
 Paper Copy
 CD

Federal law prohibits tax return preparers from mailing, faxing or e-mailing copies of your personal returns to any third party without your consent. If we email a copy of the completed return to you in a PDF format you will have the ability to print that return and to furnish a copy of that return to third parties.

OHIO Driver's License Information

This year, the State of Ohio has made it **MANDATORY**, as a precaution in preventing stolen-identity tax fraud, that we obtain Ohio Driver's License Information of the taxpayer and spouse (if applicable) and include it when electronic filing a tax return. Providing the information may help process the return more quickly. Please provide the following information from your driver's license if you wish to do so:

Taxpayer: Identification # _____ / Issue Date _____ / Expiration Date: _____ / Location Issued: _____
Spouse: Identification # _____ / Issue Date _____ / Expiration Date: _____ / Location Issued: _____

Charitable Contributions – Client Statement

My gifts by cash or check for the year ended December 31, 2017 total \$ _____.

I have determined that the fair market value of my noncash charitable contributions for the year ended December 31, 2017 is \$ _____.

All records pertaining to my cash and noncash charitable contributions are in my possession

Taxpayer Signature

Date

Health Insurance Requirement

I certify that I provided adequate medical insurance for myself, and my spouse and all dependents (if applicable), for all twelve months of the 2017 tax year. (Enclose Form 1095-B –Health Coverage if you received one from a medical insurance supplier.)

Taxpayer Signature

Date

**1099 Requirement – Client Statement
(Business owners and Owners of Farms or Rental Properties only)**

Payments were made that require filing Form(s) 1099: Yes No
If yes, all required Forms 1099 were or will be filed: Yes No

Taxpayer Signature

Date