

KMCC

CPA INC

Certified Public Accountant

1. Was the entire family covered for full year with minimum essential health care coverage? **Yes** **No**

2. Under Ohio Law, you are required to report your consumer use tax. This is a tax equal to the sales tax of the county you live in on any taxable purchases of goods from out of state that have not been subject to sales tax. Many catalog and internet purchases could be subject to this tax. Please report the total of your out-of-state purchases subject to this tax.

\$ _____

3. Would you like to donate to the Presidential Election Fund? **Yes** **No**

4. Did you move last year? **Yes** **No**

If yes: New Address: _____

Date Moved: _____

5. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in virtual currency? **Yes** **No**

6. Did you receive a Stimulus Check in 2020? If yes how much \$ _____

7. Total cash contributions made in 2020. \$ _____

8. Direct Deposit Account: **Yes** **No** Same as last year

New:

Routing number: _____ Account Number: _____

Type of Acct: _____ Joint: _____

Signature

Date

Office(Do we have the latest Driver's License Information?)