Oberloh & Oberloh, Ltd Clients Name:	2023 Client Informat	ion _Spouse:		
Phone Number:		Phone Number	:	
Address:		-		
Frontline Workers Pay (\$487.45):	Taxpayer: Yes	No Spo	ouse: Yes 🗌 No 🗌	
Preferred Contact Method: Email	Phone Text	A text will b	e sent, must be accepte	d
Marketplace Health Insurance (1095-A)				
	1 tax return, please co	mplete below:	:	
Dependents:				
<u>Name:</u>		<u>SSN:</u>	Relationship:	DOB:
Signature:				
<b>Oberloh &amp; Oberloh, Ltd</b> Clients Name:	2023 Client Informat	ion _Spouse:		
Phone Number:		Phone Number	:	
Address:		_		
Frontline Workers Pay (\$487.45): Preferred Contact Method: Email	Taxpayer: Yes   Phone Text		ouse: Yes No No e sent, must be accepte	d
Marketplace Health Insurance (1095-A)	Yes No			
If different from 202	1 tax return, please co	mplete below:	:	
Dependents: <u>Name:</u>	S	SSN:	Relationship:	DOB:
Signature:				· · · · ·