

Data Verification Worksheet – 2016

Client Information

Office Use Only:

UTC: _____

Referred By: _____ Information changed from last year?: Yes _____ No _____

Did you move in 2016? If so, please provide date: _____

From what address? _____

Taxpayer Name(s): Please print: _____ **S. S. Number** _____ **Birth Date** _____ **Occupation** _____

1. _____

2. _____

***Taxpayer ID** _____ **Issue Date** _____ **Exp Date** _____ **State Issued** _____

***Spouse ID** _____ **Issue Date** _____ **Exp Date** _____ **State Issued** _____

***Required on tax return!!!**

Address on 12/31/16: _____ State _____ Zip _____

Municipality _____ School District _____

Phone: Home _____ Office _____ Cell _____

Email: Taxpayer : _____ Spouse: _____

Filing Status: *Circle one:* Single Married/Joint Married/Separate Head of Household

DEPENDENT INFORMATION: (Children who are students under the age of 24 on 12-31-16 and supported by parents; Other individuals with income less than the amount required to file a return.)

(Reference irs.gov, publication 501: "Who Must File").

Use additional sheet of paper if necessary.

Dependent Name _____ **S.S. #** _____ **Birth Date** _____ **Relationship** _____

1. _____

2. _____

3. _____

4. _____

If I am eligible for **Earned Income Credit, Child Tax Credit and/or Education Credits:** I certify that: the children designated for credit are my legal dependent(s); AND I am not filing a fraudulent Head of Household return while I am married and living with my spouse; AND said children are legal resident(s) of the United States of America; AND no one else can claim them or me as a dependent.

Quarterly Taxes Paid in 2016, (if any): This is NOT on your W2 – these are additional taxes that you paid during the year.

Federal: Amount: _____ Date _____ Amount: _____ Date _____

Amount: _____ Date _____ Amount: _____ Date _____

State: Amount: _____ Date _____ Amount: _____ Date _____

Amount: _____ Date _____ Amount: _____ Date _____

Local, if any: Amount: _____ Date: _____

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IMPORTANT INFORMATION AND SIGNATURE(S) REQUIRED ON OTHER SIDE.

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Banking Information for Direct Deposit of refunds, if applicable

Please provide the Bank Name, Routing Number (lower left hand side of check) and Account #:

(If there is no change from last year, please indicate N/C.)

NOTE: Recipient's name MUST be on the bank account.

Bank Name: _____ Checking _____ Savings _____

Routing #: _____ Account #: _____

Did you have any money invested in foreign bank or brokerage accounts in 2016?

Yes _____ (Additional information may be required). No _____

Did everyone listed on the tax return have health insurance for the *entire tax year* 2016? Yes _____ No _____ Exempt _____

If No, additional information will be required due to the inception of the Affordable Care Act (ACA).

My/our health insurance was provided by: (check all that apply)

Employer _____ Medicare _____ Other Insurance Co _____
Health Insurance Marketplace _____ Medicaid _____
(healthcare.gov)

PLEASE BE SURE TO PROVIDE ANY AND ALL FORM 1095's WITH YOUR TAX DOCUMENTATION. YOUR RETURN CANNOT BE FINALIZED WITHOUT THESE FORM(s).

HSA (Health Savings Account):

If you had an HSA last year, you *must* provide a copy of the last paystub of the year so that we may make the determination of eligibility for the deduction.

My/our signature(s) certify that I/we have read through all the information on the front and back of this form and have, to the best of my/our knowledge, provided all documentation necessary to prepare my/our 2016 tax returns, inclusive of Federal, State(s) and local as required.

Signature(s) **REQUIRED** _____

(Taxpayer)

(Spouse)

Date: _____

Date: _____