

**Data Verification Worksheet – 2018**  
**Client Information**

Office Use Only:

UTC: \_\_\_\_\_ - \_\_\_\_\_

Referred By: \_\_\_\_\_ Information changed from last year?: Yes \_\_\_\_\_ No \_\_\_\_\_

**Did you move in 2018?** If so, please provide date: \_\_\_\_\_.

**From what address?** \_\_\_\_\_

|   |                     |                   |                   |
|---|---------------------|-------------------|-------------------|
| <b>Taxpayer Name(s): <u>Please print:</u></b> | <b>S. S. Number</b> | <b>Birth Date</b> | <b>Occupation</b> |
| 1. _____                                      | _____               | _____             | _____             |
| 2. _____                                      | _____               | _____             | _____             |

**\*Taxpayer ID** \_\_\_\_\_ **Issue Date** \_\_\_\_\_ **Exp Date** \_\_\_\_\_ **State Issued** \_\_\_\_\_

**\*Spouse ID** \_\_\_\_\_ **Issue Date** \_\_\_\_\_ **Exp Date** \_\_\_\_\_ **State Issued** \_\_\_\_\_

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

Address on 12/31/18: \_\_\_\_\_ 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 12-31-18 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.

| <b><u>Dependent Name</u></b> | <b><u>S.S. #</u></b> | <b><u>Birth Date</u></b> | <b><u>Relationship</u></b> |
|------------------------------|----------------------|--------------------------|----------------------------|
| 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.

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**Quarterly Taxes Paid in 2018, (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: \_\_\_\_\_

.....  
**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 2018?

Yes \_\_\_\_\_ (Additional information may be required). No \_\_\_\_\_

**Did everyone listed on the tax return have health insurance for the *entire tax year* 2018? 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 2018 tax returns, inclusive of Federal, State(s) and local as required.

Signature(s) **REQUIRED** \_\_\_\_\_ (Taxpayer) \_\_\_\_\_ (Spouse)

Date: \_\_\_\_\_ Date: \_\_\_\_\_