

Tax Credit Verification

_____ Calendar Year(s)

Directions: Changes in the tax law require us to obtain and keep on file copies of the following documents. Please fill out this form and include the following for each child you intend to claim on your taxes:

1. Social Security Cards for each dependent
2. A statement with child's name and your address on it (ex. school record, doctor bill, etc.)

Child #1

Name: _____ SS#: _____

Child is biological child of: Both Taxpayers Taxpayer Spouse Other _____

Is there another parent who could claim this child as a dependent? Yes No

If yes, who? _____

Child lived with taxpayers: Yes No Number of months: _____

Did you provide more than 50% of the financial support of this child? Yes No

Child #2

Name: _____ SS#: _____

Child is biological child of: Both Taxpayers Taxpayer Spouse Other _____

Is there another parent who could claim this child as a dependent? Yes No

If yes, who? _____

Child lived with taxpayers: Yes No Number of months: _____

Did you provide more than 50% of the financial support of this child? Yes No

Child #3

Name: _____ SS#: _____

Child is biological child of: Both Taxpayers Taxpayer Spouse Other _____

Is there another parent who could claim this child as a dependent? Yes No

If yes, who? _____

Child lived with taxpayers: Yes No Number of months: _____

Did you provide more than 50% of the financial support of this child? Yes No

Under penalties of perjury, the above information is to my knowledge true and accurate.

Taxpayer

_____ Date _____
Spouse

_____ Date _____

*Please use additional forms for additional dependents.