



**M. Greenwald Associates LLP**

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**Have Dependents? If no, please skip!**

**CHILD TAX CREDIT VERIFICATION**

Taxpayer's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

**Children**

|  |   |   |   |
|--|---|---|---|
| Name:  |   |   |   |
| Date of Birth:   |   |   |   |
| Child's Relationship to you:                                     |   |   |   |
| Did this child live with you for more than half of the tax year? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       |
| Did you provide over half of this child's support?               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       | <input type="checkbox"/> Yes<br><input type="checkbox"/> No       |
| Is this child a qualifying child for anyone else? If so, who?    | <input type="checkbox"/> Yes<br><hr/> <input type="checkbox"/> No | <input type="checkbox"/> Yes<br><hr/> <input type="checkbox"/> No | <input type="checkbox"/> Yes<br><hr/> <input type="checkbox"/> No |

Was this credit disallowed or reduced in any previous year?  Yes  No

**CHILD & DEPENDENT CARE EXPENSES**

| Care Provider | Provider Address | Provider ID# | Amount | Child Name |
|---------------|------------------|--------------|--------|------------|
|               |                  |              | \$     |            |
|               |                  |              | \$     |            |
|               |                  |              | \$     |            |

If your situation is unique, or there's something else we should know, please detail here:  
\_\_\_\_\_  
\_\_\_\_\_

Please provide an active form 8332 (Release of Claim to Exemption) if one of the child's parents is not listed on this tax return.

By signing this document, you are acknowledging that you can provide documentation to substantiate your eligibility for the credit being claimed on this return.

Taxpayer: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_