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Have

Dependents? If no, please skip!

CHILD TAX CREDIT VERIFICATION

Taxpayer's Name: Spouse's Name:

Children

Table with 4 columns: Question, Yes, No, Yes, No, Yes, No. Rows include Name, Date of Birth, Child's Relationship, and eligibility questions.

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

CHILD & DEPENDENT CARE EXPENSES

Table with 5 columns: Care Provider, Provider Address, Provider ID#, Amount, Child Name. Includes dollar sign in amount column.

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: