

JAMES E. CHENEY CPA, PLLC INFORMATION VERIFICATION FORM

Client Name \_\_\_\_\_

Verify Address \_\_\_\_\_

\_\_\_\_\_ \*\*Physical address requested as NYS does not allow PO Boxes

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Would you like to receive your return via TaxDome or pickup a Hard Copy?

TaxDome

Hard Copy

If you're receiving a refund, would you like a paper check or direct deposit?

Paper Check

Direct Deposit

If you have a balance due, would you like to mail in a check or have it automatically withdrawn?

Mail a check

Automatic Withdrawal

Would you like our fee taken out automatically?

Yes

No

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Type of account

Savings

Checking

Did you receive a 1095-A?

Yes

No

Amount of STAR Rebate check if received \_\_\_\_\_

Did you receive unemployment benefits? (If yes, be sure to download your 1099-G)

Yes

No

Please enter the dates and amounts of any estimated payments made (include copies of voided checks)

\_\_\_\_\_

\_\_\_\_\_