

**Eggewater CPA Group  
ID Verification Information  
Lester and Sally Adams**

Lester Adams	Birthdate	SSN	City, State of Birth	Form:	5071C
Sally Adams				Control #:	XXXXXX XX XXXX
Tax Owed:					
Refund Expected:					
Direct Deposit/Check:					
Bank:					
Routing Number:					
Account Number:					
<b>ID Verification Year Tax Information</b>					
Lester			Father's Name:		City, State of Birth
Employer:			Mother's Name:		Birthdate
Wages/Benefits:			Mother's Maiden Name:		
Federal Tax W/H:					
Address on Return:					
<b>ID Verification Year Tax Information</b>					
Sally			Father's Name:		City, State of Birth
Employer:			Mother's Name:		Birthdate
Wages/Benefits:			Mother's Maiden Name:		
Federal Tax W/H:					
Address on Return:					
<b>Prior Year Tax Information</b>					
Lester					
Employer:					
Wages:					
Federal Tax W/H:					
Address on Return:					
<b>Prior Year Tax Information</b>					
Sally					
Employer:					
Wages:					
Federal Tax W/H:					
Address on Return:					