



<p>FOR OFFICE ONLY</p> <p>Date submitted: _____ <input type="checkbox"/> Drop-off <input type="checkbox"/> Portal <input type="checkbox"/> Jotform <input type="checkbox"/> Email <input type="checkbox"/> Mail</p> <p>Preparer: <input type="checkbox"/> Raymond <input type="checkbox"/> Christopher <input type="checkbox"/> George <input type="checkbox"/> Nick <input type="checkbox"/> Jeanette <input type="checkbox"/> Michael</p>	<p>Enter Tax Year _____</p> <hr/> <p>TAX YEAR</p>
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All worksheets can be found at www.paceaccounting.com/document-center or email info@paceaccounting.com to request

TAXPAYER GENERAL INFORMATION

New Client Yes | No, I came last year. | No, I didn't come last year but have been here before.

Filing Status Single | Head of Household (Single parent with dependents) | Married | Married, filing separately

Marital Status Change or Death of Taxpayer

Marital status changed One or both of the taxpayers died DURING the tax year. (Provide death certificate)

No change in marital status One or both of the taxpayers died BEFORE the tax year. (Provide death certificate)

PRIMARY TAXPAYER

Last Name _____

First Name _____

SSN or ITIN _____

Occupation _____

Date of Birth _____

Email _____

Work Phone _____

Cell Phone _____

Home Phone _____

Address _____ Apt # _____

City and State _____

Zip Code _____

SPOUSE

Last Name _____

First Name _____

SSN or ITIN _____

Occupation _____

Date of Birth _____

Email _____

Work Phone _____

Cell Phone _____

Home Phone _____

Address _____ Apt # _____

City and State _____

Zip Code _____ Same address as Primary Taxpayer

Does PRIMARY have an IRS identity Protection PIN number ?

No | Yes | 6-digit IRS IP PIN: _____

Does SPOUSE have an IRS identity Protection PIN number (IP PIN)?

No | Yes | 6-digit IRS IP PIN: _____

Is the PRIMARY a US Citizen?

US Citizen | Resident Alien (Green Card Holder) | Other

Is the SPOUSE a US Citizen?

US Citizen | Resident Alien (Green Card Holder) | Other

Preferred Contact Method Email | Work Phone | Cell Phone | Home Phone

Preferred Contact Primary Taxpayer | Spouse | Other: Friend, Family or POA

Contact Information for TAXPAYER REPRESENTATIVE (Friend, Family or POA)

Last Name _____ Cell Phone _____

First Name _____ Home Phone _____

Email _____ Relationship to Taxpayer(s) _____

ID Requirements—Primary Taxpayer and Spouse
Please provide a copy of your Driver's License, FRONT and BACK. If you do not have a Driver's License or State ID Card, then provide a copy of your Passport. We must verify annually.

How did you HEAR ABOUT Pace Accounting? Check ALL that apply:

Email | Social Media | Online Search | Online Maps | Print Ad | Passed by The Office

Referral | Referral Name _____ | Other _____

DEPENDENTS or PERSONS LIVING IN YOUR HOUSEHOLD

Can you or your spouse be claimed as a dependent by someone else? Yes | No | Unsure

Do you have dependents or persons living in your household? Yes | No

Do any of the following apply to your dependents? Check ALL that apply:

- Dependent(s) paid student loan interest. (Provide 1098-E)
- Adopted one or more children during the tax year.
- Dependent(s) attended college. (Provide 1098-T and any out-of-pocket costs such as books, supplies, and computer purchases, as these items may qualify for a deduction)
- Dependent(s) has income. (Provide income source and amounts. Dependent income may affect your ability to claim them or qualify for certain deductions)
- Paid for day/child care for one or more children 12 & under. (Provide Schedule CDC Worksheet)

DEPENDENTS OR PERSONS LIVING IN YOUR HOUSEHOLD

Please discuss with your preparer if the dependent listed below did not live at the primary taxpayer's address for the entire year. If this dependent has income, it may affect your ability to claim them or qualify for certain deductions. Provide the source and amount of income. *College Student: Provide their 1098-T and any out-of-pocket costs such as books, supplies, and computer purchases, as these items may qualify for a deduction. **Disability: To qualify as disabled, it must be a permanent disability that is verifiable. Please submit proof of disability.

DEPENDENT 1

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

DEPENDENT 2

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

DEPENDENT 3

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

DEPENDENT 4

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

DEPENDENT 5

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

DEPENDENT 6

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

DEPENDENT 7

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

DEPENDENT 8

Last Name _____
 First Name _____
 SSN or ITIN _____
 Date of Birth _____
 Relationship _____
 College Student* Yes | No Disabled** Yes | No

ID REQUIREMENTS: Proof of Residency—For Children and Minor Dependents

Required annually. Provide an ID or document that ties your child or minor dependent to your home address for that tax year. This could be a birth certificate (newborns only), medical, or school record. A copy of their Social Security Card should also be on file.

ID REQUIREMENTS: Proof of Identity—For Adult Dependents

Adult dependents do not need to reside with you, however, an ID or document that verifies their identity is required. For existing clients, you must provide new Proof of Identity if the ID we have on file has expired. A copy of their Social Security Card should also be on file.

HOME OWNERSHIP

Do you RENT or OWN? Check ALL that apply:

- I pay rent for my primary residence I own my primary residence I own one or more rental properties
 I bought or sold a property during the tax year **NONE OF THE ABOVE**

Please enter the actual paid rent for your primary residence _____

This amount should represent your (and your spouses) portion of your annual rent. This should be the actual paid rent, not what should have been paid. Do not include the portion of the rent paid by others (friends or roommates).

HOME OWNERSHIP Check ALL that apply. Provide the tax form, worksheet, or supporting document indicated with your tax documents.

- Mortgage Payment (Provide 1098) Rent Part of My Home or Other Rental Property (Provide Schedule E Worksheet)
 Paid Property Taxes Refinanced My Home
 Home Energy Improvements Foreclosed or Abandoned Property (Provide 1099-A)
 Installed Solar Energy Rental Income (Provide Schedule E Worksheet)
 Heat Home with Bio Fuel **NONE OF THE ABOVE**

Office Only: _____

INCOME, DISTRIBUTIONS, & EXPENSES

Do you have INCOME and/or other DISTRIBUTIONS?

Check ALL that apply. Provide the tax form, worksheet, or supporting document indicated with your tax documents.

- Employer (Provide W-2) Self-Employment, Cash or 1099 Independent Contractor (Provide Schedule C Worksheet)
 Unemployment (Provide 1099-G) Interest (Provide 1099-INT)
 Social Security (Provide SSA-1099) Retirement Plan Distribution (Provide 1099-R)
 Retirement Plan Rollover (Provide 1099-R) Stock or Mutual Fund Sale (Provide 1099-B)
 Dividends (Provide 1099-DIV) **NONE OF THE ABOVE** I/We have NO income and/or other distributions.
 Other: _____

Do you have any EMPLOYEE EXPENSES or ITEMIZED DEDUCTIONS?

Check ALL that apply. Provide the worksheet, or supporting document indicated with your tax documents.

- Moving Expenses (Moved at least 50 miles) Home Office Deductions (Provide Schedule U Worksheet)
 Work Related Education (Provide Schedule U Worksheet) Use personal vehicle for work (Provide Schedule V Worksheet)
 Un-reimbursed Expenses (Provide Schedule U Worksheet) **NONE OF THE ABOVE** I/We have NO employee expenses.
 Other: _____

Do you have CREDITS & DEDUCTIONS?

Check ALL that apply. Provide the tax form or supporting document indicated with your tax documents.

- Attended College (Provide 1098-T and any out-of-pocket costs such as books, supplies, and computer purchases, as these items may qualify for a deduction)
 Student Loan Interest (Provide 1098-E) 529 NY Plan Contribution
 HSA Contribution (Provide 1099-SA) Charitable Donations (Provide Schedule A - Charitable Expenses Worksheet)
 Purchased New or Used Electric Vehicle (Provide Bill of Sale) IRA Contribution (Provide proof. Cannot be an IRA from your employer.)
 NONE OF THE ABOVE I/We have NO credits or deductions.
 Other: _____

Do you have REPORTABLE TRANSACTIONS?

Check ALL that apply. Provide the tax form or supporting document indicated with your tax documents.

- 529 Coverdell Distribution (Provide 1099-Q) HSA Distribution (Provide 1099-SA)
 Crypto Currency/NFT - Sold, exchanged, and/or received NFTs or virtual currency like Bitcoin (Provide 1099-B, if provided)
 NONE OF THE ABOVE I/We have NO employee expenses.
 Other: _____

INCOME, DISTRIBUTIONS, & EXPENSES (Continued)

Do you have HEALTH EXPENSES?

Check ALL that apply. Provide the tax form or supporting document indicated with your tax documents.

- Insurance is provided by an employer
- I had Long Term Care Insurance
- Insurance is provided by the federal Health Insurance Marketplace/Exchange (Provide 1095-A)
- I have deductible Medical Expenses Generally you must have more than \$12K (single, \$24K married) in deductible medical expenses to qualify. (Provide Schedule A - Medical and Dental Expenses Worksheet)
- NONE OF THE ABOVE** I/WE have NO health expenses.
- Other: _____

Should the following MISCELLANEOUS items be considered? Check ALL that apply:

- Paid or Received Alimony
- Legal Blind
- Suffered FEMA declared disaster
- Had Cancellation of Debt (Provide 1099-C)
- Gambling Winnings (Provide W-2G)
- Paid Estimated Taxes
- Active Military
- Filed for an extension of time to file
- NONE OF THE ABOVE** I/We have NO miscellaneous items to be considered.
- Other: _____

Do you have FOREIGN income, interest, or accounts? Check ALL that apply:

- I have foreign income and/or interest
- Foreign Gift/Inheritances received
- I have \$10K or more in foreign bank account or foreign trust (Preparer must file an FBAR)
- I have an account(s) or signature authority over accounts such as bank, securities, or brokerage accounts in a foreign country
- NONE OF THE ABOVE** I/We have NO foreign income, interest, or accounts.
- Other: _____

IRA CONTRIBUTIONS & UPCOMING CHANGES

Would you like to contribute to a TRADITIONAL or ROTH IRA if it could lower your income tax or provide tax free growth?

- Yes | No | Maybe. I would like to learn more. | I have already contributed to a Traditional or Roth IRA. (Cannot be an IRA from your employer)

Tell us about YOUR YEAR or any UPCOMING CHANGES.

To help find as many credits and deductions as possible, tell us about anything that may affect your current or future return. For example, are you looking to buy or sell a property, considering installing energy-efficient windows or solar, or maybe buying an electric car?

Online Form: 1000 Character Max.

PAYMENT & DELIVERY

How would you like to RECEIVE your tax return? Select ONE.

Note: With digital options, your source docs are scanned, returned as PDF's, then shredded, unless you specify otherwise. With mail and pickup options, original documents are returned.

- Digitally—FREE (PDF via Secure Client Portal) | USPS First Class or Priority Mail—\$10.00 (Tracking Included) | Office Pickup—FREE

How would you like to pay for TAX PREPARATION SERVICES? Select ONE.

- Check | Credit Card | Bank Withdrawal—NO FEE
- Cash
- Card Number _____
Expiration Date _____ 3-Digit CVC Code _____
Name on Card _____
Billing Address _____
- Address same as Primary Taxpayer
- Bank Name _____
Routing # _____
Account # _____
Account Type Checking | Savings

How would you like to make your federal and state PAYMENTS or receive your federal and state REFUNDS? Select ONE.

- Mailed Check | Bank Withdrawal/Direct Deposit—Fastest (New Account Information) | Bank Withdrawal/Direct Deposit (Use Same Account as Last Year)
- Bank Name _____
Routing # _____
Account # _____
- Account Type Checking | Savings
- Verify last 4-Digits: _____
Verify Account Type: Checking | Savings

DOCUMENT SUBMISSION

How will you SUBMIT your tax documents? Select ONE.

- Attached to the Online Form (SAFE & SECURE) | Online Client Portal (SAFE & SECURE) Go to www.paceaccounting.com/client-portal to submit.
- UPS United Parcel Service (SAFE) | FedEx (UNSAFE & NOT RECOMMENDED) | Email (UNSAFE & NOT RECOMMENDED)
- USPS United States Postal Service (SAFE) | Office Drop Off (SAFE & SECURE)

Would you like us to return or shred your submitted SOURCE DOCUMENTS? Select ONE.

- Return my original documents. | Shred my original documents and send me a digital copy (PDF).

Do you have QUESTIONS or COMMENTS for your preparer?

Online Form: 500 Character Max.

Do you need your tax preparer to CONTACT YOU? Select ONE.

Please be aware that consultations for topics that are out-of-scope with standard tax preparation services may increase your tax preparation fees.

- No, only if my preparer has questions. | Yes, contact me to review my tax documents—BEFORE PREPARATION BEGINS.
- Yes, contact me to review my documents—WHEN PREPARATION IS COMPLETE.

THANK YOU.

FOR OFFICE ONLY

All documents are legible.

ID & Residency current and entered. (OT)

Contact Page is current and updated. (OT)

Checked Contact Message. (OT)

Billing is current. (OT)

Missing Information:

OTP Notes: