PACE ACCOUNTING

BOOKKEEPING • PAYROLL • TAXES • INCORPORATION • NOTARY • BUSINESS SOLUTIONS

TAX PREP CHECKLIST

PRIMARY TAXPAYER AND SPOUSE ID REQUIREMENTS
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.

Enter Tax Year ______

TAX YEAR

TAXPAYER GENERAL INFORMATION

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

Marital Status Change or Death of Taxpayer Select One

☐ No change in status | ☐ Status has changed | ☐ One or both of the taxpayers died during the tax year. (Provide death certificate)

PRIMARY TAXPAYER

Last Name ______
First Name ______
Occupation ______
Email ______
Cell Phone ______
Home Phone (Optional) ______
Work Phone (Optional) ______
Address ______ Apt # ______
City and State ______
Zip Code ______

Does PRIMARY have 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

SPOUSE

Last Name ______
First Name ______
Occupation ______
Email ______
Cell Phone ______
Home Phone (Optional) ______
Work Phone (Optional) ______
Address ______ Apt # ______
City and State ______
Zip Code ______ ☐ Same address as Primary Taxpayer

Does SPOUSE have IRS Identity Protection PIN number (IP PIN)?
☐ No | ☐ Yes | 6-digit IRS IP PIN: ______

Is the SPOUSE a US Citizen?
☐ US Citizen | ☐ Resident Alien (Green Card Holder) | ☐ Other

Preferred Contact ☐ Primary Taxpayer | ☐ Spouse

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

IRA CONTRIBUTIONS

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. Tell me more! | ☐ I have alread contributed to a Traditional or Roth IRA. (Cannot be an IRA from your employer)

NEW CLIENTS ONLY

PRIMARY TAXPAYER

SSN or ITIN ______
Date of Birth ______

SPOUSE

SSN or ITIN ______
Date of Birth ______

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 ______

DEPENDENTS or PERSONS LIVING IN YOUR HOUSEHOLD

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

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

- ☐ Dependent(s) paid student loan interest. (Provide 1098-E)
- ☐ 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)
- ☐ Paid for day/child care for one ore more children 12 & under. (Provide Schedule CDC Worksheet)
- ☐ Adopted one or more children during the tax year.
- ☐ Dependent(s) has income. (Provide income source and amounts. Dependent income may affect your ability to claim them or qualify for certain deductions)

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 ID REQUIREMENTS

Proof of Identity for Children, Minor Dependents, and Adults: Provide a copy of their Birth Certificate and Social Security Card.
Proof of Residency for Children and Minor Dependents Only: Provide anually a medical or school record that ties your child or minor dependent to your home address for that tax year.

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

UPCOMING CHANGES & COMMENTS

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?
If you have any questions or comments for your preparer, note them here.

Online Form: 1000 Character Max.

INCOME, DISTRIBUTIONS, & EXPENSES

Do you have INCOME and/or other DISTRIBUTIONS?
Check ALL that apply and provide documents indicated

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

Do you have any EMPLOYEE EXPENSES or ITEMIZED DEDUCTIONS?
Check ALL that apply and provide documents indicated

- [ ] Moving Expenses (Moved at least 50 miles)
- [ ] Work Related Education (Provide Schedule U Worksheet)
- [ ] Un-reimbursed Expenses (Provide Schedule U Worksheet)
- [ ] **NONE OF THE ABOVE** I/We have NO employee expenses.
- [ ] Home Office Deductions (Provide Schedule U Worksheet)
- [ ] Use personal vehicle for work errands, not commuting. (Provide Schedule V Worksheet)
- [ ] Other: ______________________

Do you have CREDITS & DEDUCTIONS?
Check ALL that apply and provide documents indicated

- [ ] 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)
- [ ] HSA Contribution (Provide 1099-SA)
- [ ] Purchased New or Used Electric Vehicle (Provide Bill of Sale)
- [ ] **NONE OF THE ABOVE** I/We have NO credits or deductions.
- [ ] 529 NY Plan Contribution (Provide 4th Quarter Statement)
- [ ] Charitable Donations (Provide Schedule A - Charitable Expenses Worksheet)
- [ ] IRA Contribution (Provide proof. Cannot be an IRA from your employer.)
- [ ] Other: ______________________

Do you have REPORTABLE TRANSACTIONS?
Check ALL that apply and provide documents indicated

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

Do you have HEALTH EXPENSES?
Check ALL that apply and provide documents indicated

- [ ] Insurance is provided by an employer
- [ ] Insurance is provided by the federal Health Insurance Marketplace/Exchange (Provide 1095-A)
- [ ] **NONE OF THE ABOVE** I/WE have NO health expenses.
- [ ] I had Long Term Care Insurance
- [ ] 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)
- [ ] Other: ______________________

Should the following MISCELLANOUS items be considered?
Check ALL that apply and provide documents indicated

- [ ] Paid or Received Alimony
- [ ] Suffered FEMA declared disaster
- [ ] Gambling Winnings (Provide W-2G)
- [ ] Active Military
- [ ] **NONE OF THE ABOVE** I/We have NO miscellaneous items.
- [ ] Legally Blind
- [ ] Had Cancellation of Debt (Provide 1099-C)
- [ ] Paid Estimated Taxes (Provide list of dates paid, amounts, and payees)
- [ ] Filed for an extenstion of time to file
- [ ] Other: ______________________

Do you have FOREIGN income, interest, or accounts?
Check ALL that apply and provide documents indicated

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

HOME OWNERSHIP

Do you RENT or OWN? Check ALL that apply:

- ☐ I pay rent for my primary residence
- ☐ I own my primary residence
- ☐ I bought or sold a property during the tax year
- ☐ I own one or more rental properties
- ☐ **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). Do not include security deposits you paid.

HOME OWNERSHIP Check ALL that apply and provide documents indicated

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

DELIVERY & PAYMENT

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

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

☐ Office Pickup—**FREE** | ☐ Digitally—**FREE** (PDF via Secure Client Portal) | ☐ USPS Priority Mail—**$10.00** (Tracking Included)

How would you like to make your federal and state TAX PAYMENTS or receive your federal and state TAX REFUNDS?

TAX PAYMENTS Select ONE.

- ☐ Bank Withdrawal
  YOU CAN SPECIFY WITHDRAWAL DATE
  Discuss with your preparer
- ☐ Mailed Check
  NOT RECOMMENDED
  DUE TO THEFT ISSUES

TAX REFUNDS Select ONE.

- ☐ Bank Direct Deposit
  FAST AND SECURE
- ☐ Mailed Check
  NOT RECOMMENDED
  DUE TO THEFT ISSUES

BANK INFORMATION

Bank Name ______________________ Routing # ______________________

Account Type ☐ Checking | ☐ Savings Account # ______________________

☐ Use same account as last year → Confirm Last 4 Digits ______________________

DOCUMENT SUBMISSION

IMPORTANT: Along with this form, please submit all your supporting tax documents and worksheets, and your identity documents.
NEW CLIENTS: Also submit your last two filed tax returns.

How will you SUBMIT your tax documents to Pace Accounting? Select ONE.

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

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 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—BEFORE PREPARATION IS COMPLETE.
- ☐ Yes, contact me to review—WHEN PREPARATION IS COMPLETE.

THANK YOU FOR CHOOSING PACE ACCOUNTING!