



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 Household (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 _____

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 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

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 already contributed to a Traditional or Roth IRA. (Cannot be an IRA from your

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 apply 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 or 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 annually 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

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

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

- | | |
|---|---|
| <input type="checkbox"/> Moving Expenses (Moved at least 50 miles) | <input type="checkbox"/> Home Office Deductions (Provide Schedule U Worksheet) |
| <input type="checkbox"/> Work Related Education (Provide Schedule U Worksheet) | <input type="checkbox"/> Use personal vehicle for work errands, not commuting. (Provide Schedule V Worksheet) |
| <input type="checkbox"/> Un-reimbursed Expenses (Provide Schedule U Worksheet) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NONE OF THE ABOVE I/We have NO employee expenses. | |

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

- | | |
|--|--|
| <input type="checkbox"/> 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) | <input type="checkbox"/> 529 NY Plan Contribution (Provide 4th Quarter Statement) |
| <input type="checkbox"/> Student Loan Interest (Provide 1098-E) | <input type="checkbox"/> Charitable Donations (Provide Schedule A - Charitable Expenses Worksheet) |
| <input type="checkbox"/> HSA Contribution (Provide 1099-SA) | <input type="checkbox"/> IRA Contribution (Provide proof. Cannot be an IRA from your employer.) |
| <input type="checkbox"/> Purchased New or Used Electric Vehicle (Provide Bill of Sale) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> NONE OF THE ABOVE I/We have NO credits or deductions. | |

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Insurance is provided by an employer | <input type="checkbox"/> I had Long Term Care Insurance |
| <input type="checkbox"/> Insurance is provided by the federal Health Insurance Marketplace/Exchange (Provide 1095-A) | <input type="checkbox"/> 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) |
| <input type="checkbox"/> NONE OF THE ABOVE I/WE have NO health expenses. | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> Paid or Received Alimony | <input type="checkbox"/> Legally Blind |
| <input type="checkbox"/> Suffered FEMA declared disaster | <input type="checkbox"/> Had Cancellation of Debt (Provide 1099-C) |
| <input type="checkbox"/> Gambling Winnings (Provide W-2G) | <input type="checkbox"/> Paid Estimated Taxes (Provide list of dates paid, amounts, and payees) |
| <input type="checkbox"/> Active Military | <input type="checkbox"/> Filed for an extension of time to file |
| <input type="checkbox"/> NONE OF THE ABOVE I/We have NO miscellaneous items. | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> I have foreign income and/or interest | <input type="checkbox"/> Foreign Gift/Inheritances received |
| <input type="checkbox"/> I have \$10K or more in foreign bank account or foreign trust (Preparer must file an FBAR) | <input type="checkbox"/> I have an account(s) or signature authority over accounts such as bank, securities, or brokerage accounts in a foreign country |
| <input type="checkbox"/> NONE OF THE ABOVE I/We have NO foreign income, interest, or accounts. | <input type="checkbox"/> 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) 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/Panels Rental Income (Provide Schedule E Worksheet)
 Heat Home with Bio Fuel 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.

- Direct Withdrawal via ACH
YOU CAN SPECIFY WITHDRAWAL DATE
Discuss with your preparer
Payment Pull Date (Can be any date up to April 15 _____)
- Mailed Check
**NOT RECOMMENDED
DUE TO THEFT ISSUES**

TAX REFUNDS Select ONE.

- Direct Deposit via ACH
FAST AND SECURE
- Mailed Check
**NOT RECOMMENDED
DUE TO THEFT ISSUES**

BANK INFORMATION	Bank Name _____	Routing # _____
	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account # _____
	<input type="checkbox"/> Use same account as last year → Confirm Last 4 Digits _____	

PACE ACCOUNTING - TAX PREPARATION FEE Select ONE. If paying with check or debit card, we prefer you use ACH since it uses the same account.

- Direct Withdrawal via ACH (Uses the bank information provided above) Check Debit Card Credit Card Cash
PREFERRED - FAST AND SECURE

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) Online Client Portal (SAFE & SECURE) www.paceaccounting.com/client-portal
 UPS United Parcel Service (SAFE & SECURE) Attached to the Online Form (SAFE & SECURE) <https://www.paceaccounting.com/online-form>
 USPS United States Postal Service 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.

- No, only if they have questions. Yes, before preparation begins. Yes, to review when complete.

THANK YOU FOR CHOOSING PACE ACCOUNTING!