



# PACE ACCOUNTING

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

## TAX PREPARATION CHECKLIST

New Client ☐ Yes | ☐ No

Filing Status ☐ Single | ☐ Married | ☐ Married, filing separately | ☐ Changed Marital Status | ☐ Unsure

### 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 OR PARTNER

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

SSN or ITIN \_\_\_\_\_

Occupation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

☐ Same address as Primary Taxpayer

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City and State \_\_\_\_\_

Zip Code \_\_\_\_\_

\*\*\* NEW CLIENTS - Please fill out contact information below | EXISTING CLIENTS - Please note only those items that have changed from last year \*\*\*

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

**ID Requirements (You, Your Spouse/Partner)**—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. Required annually.

Can you be claimed as a dependent by someone else? ☐ Yes | ☐ No | ☐ Unsure

**DEPENDENTS OR PERSONS LIVING IN YOUR HOUSEHOLD** ☐ Same as Last Year ☐ No Dependents

If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your preparer. If you are a NEW CLIENT or have a NEW DEPENDENT this tax year, please provide the dependents Social Security Card and Birth Certificate.

Legal Name	Relationship	Date of Birth	SSN or ITIN	College Student	Disabled*
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

\*Disabled—To qualify as disabled, it must be a total and permanent disability that is verifiable. Please submit proof of disability.

**Proof of Residency (Your Child and Minor Dependents)**—Please provide a copy of an ID or document that ties your dependent to your home address. This could be a birth certificate (newborns only), medical or school record. You must show that your child and/or minor dependents lived with you during the tax year. Required annually.

## TAX PREPARATION CHECKLIST - PART 2

**Easy as 1, 2, 3!** 1. Check all that apply 2. Provide copies of forms in parenthesis 3. Fill out and attach required worksheets

All worksheets can be found at [www.paceaccounting.com/document-center](http://www.paceaccounting.com/document-center) or email [info@paceaccounting.com](mailto:info@paceaccounting.com) to request

### INCOME & DISTRIBUTIONS

- ☐ Employer (W-2)
- ☐ Self-Employment  
Cash or Independent Contractor (1099)  
If yes, fill out **Schedule C Worksheet**
- ☐ Interest (1099-Int)
- ☐ Social Security (SSA-1099)
- ☐ Retirement Plan Distribution (1099-R)
- ☐ Retirement Plan Rollover (1099-R)
- ☐ Dividends (1099-Div)
- ☐ Stock or Mutual Fund Sale (1099-B)
- ☐ Unemployment (1099-G)
- ☐ Foreign Income/Interest
- ☐ Partnership/S-Corp (K-1)
- ☐ Rental Income  
If yes, fill out **Schedule E Worksheet**.
- ☐ Other \_\_\_\_\_

### DEPENDENTS

- ☐ I Don't Have Dependents
- ☐ Adopted a Child
- ☐ Paid Day/Child Care—12 & Under  
If yes, fill out **Child Care Worksheet**.
- ☐ Student Loan Interest (1098-INT)
- ☐ Attended College (1098-T)

### HOME OWNERSHIP ☐ Do Not Own

- ☐ Mortgage Payment (1098)
- ☐ Paid Property Taxes
- ☐ Home Energy Improvements
- ☐ Installed Solar Energy
- ☐ Heat Home with Bio Fuel
- ☐ Rent Part or All of My Home  
If yes, fill out **Schedule E Worksheet**.
- ☐ Refinanced My Home
- ☐ Foreclosed or Abandoned Property (1099-A)

### EMPLOYEE EXPENSES

- ☐ Moving Expenses (Moved at least 50 miles.)
- ☐ Other \_\_\_\_\_

#### Itemized Deductions:

- ☐ Home Office Deductions
- ☐ Work Related Education
- ☐ Un-Reimbursed Expenses by Your Employer
- ☐ Union Dues

If yes to ANY of the above Itemized Deductions, fill out **Schedule A Worksheet**.

### CREDITS & DEDUCTIONS

- ☐ Charitable Donations  
If yes, fill out **Charitable Contributions Worksheet**.
- ☐ Student Loan Interest (1098-E)
- ☐ Attended College (1098-T)
- ☐ 529 NY Plan Contribution
- ☐ HSA Contribution (1099-SA)
- ☐ IRA Contribution  
Cannot be a IRA from your employer.
- ☐ Paid Rent \$ \_\_\_\_ , \_\_\_\_ Annually
- ☐ Other \_\_\_\_\_

### REPORTABLE TRANSACTIONS

- ☐ Foreign Gift/Inheritances Received
- ☐ 529 Coverdell Distribution (1099-Q)
- ☐ HSA Distribution
- ☐ Crypto Currency - Bought, sold, exchanged, and/or received virtual currency (like Bitcoin)

### ADDITIONAL DOCUMENTS

If you have other documents or worksheets not listed on this form that you would like to submit, please list them here:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

### HEALTH

- ☐ Insurance - By Employer
- ☐ Insurance - By Marketplace (1095-A)
- ☐ Long Term Care Insurance
- ☐ Medical Expenses  
If yes, fill out **Schedule A Medical Worksheet**.  
Generally you must have more than \$12k (single, \$24k married) in deductible medical expenses to qualify.

### MISCELLANEOUS

- ☐ Bought or Sold a Home
- ☐ Paid or Received Alimony
- ☐ Suffered Catastrophic Loss
- ☐ Gambling Winnings (W-2G)
- ☐ Active Military
- ☐ Legally Blind
- ☐ Had Cancellation of Debt (1099-C)
- ☐ Paid Estimated Taxes
- ☐ Other \_\_\_\_\_

### STIMULUS CHECK & EIP PAYMENTS

- ☐ Received Economic Impact Payment due to Covid 19.  
Amount Received \$ \_\_\_\_ , \_\_\_\_  
If yes, attach **IRS Letter Notice 1444**.  
This letter would have been sent to you within a few weeks of when you received the check or direct deposit.

### SBA—PPP & EIDL LOAN PROGRAMS

- ☐ Received any PPP and/or EIDL loans, grants, or advances.  
If yes, discuss with your preparer.

### FOREIGN ACCOUNTS

- ☐ Have \$10K or more in a foreign bank account or foreign trust.  
If yes, preparer must file an **FBAR**.
- ☐ Have an account(s) or signature authority over any account(s) such as a bank, securities, or brokerage account in any foreign country

### TELL US ABOUT YOUR YEAR OR ANY UPCOMING CHANGES

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

# TAX PREPARATION CHECKLIST - PART 3

## IRA CONTRIBUTION

Would you like to contribute to a traditional IRA if it could lower your income tax?

☐ Yes | ☐ No | ☐ I would like to learn more

## HOW DID YOU HEAR OF PACE ACCOUNTING? Check ALL that apply:

☐ Email | ☐ Social Media | ☐ Internet Search | ☐ Google Maps | ☐ Drove/Walked By | ☐ Print Ad, Mailing, or Postcard

☐ Referral | Referral Name \_\_\_\_\_ | ☐ Other \_\_\_\_\_

## HOW WOULD YOU LIKE TO RECEIVE YOUR TAX RETURN? Check ONLY one:

☐ Digitally via Secure Client Portal (PDF)—**FREE Best and Most Secure!**

Original source documents are scanned, returned as PDF, then shredded.

☐ USPS First Class Mail—**FREE**

Original source documents are returned to you. 1 to 3 day delivery.

☐ USPS Priority Mail (Tracking Included, Signature Optional)—**\$10.00**

Original source documents are returned to you. 1 to 3 day delivery.

☐ Office Pickup—**FREE**

Original source documents are returned to you.

## HOW WOULD YOU LIKE TO PAY PACE ACCOUNTING FOR TAX PREPARATION SERVICES?

### TAX PREPARATION SERVICES

Check ONLY one:

- ☐ Check
- ☐ Cash
- ☐ Credit Card

### Credit Card Payment Options:

- Pay at Reception Desk
- Pay by Phone
- Pay via Secure Client Portal

☐ **NEW! Pay-By-Refund: Starting at \$89.90**

\$59.90 Federal + \$10 per State + \$20 Setup Fee

### CREDIT CARD INFORMATION

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-Digit CVC Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

☐ Address same as Primary Taxpayer

## HOW WOULD YOU LIKE TO MAKE PAYMENTS OR RECEIVE REFUNDS—FEDERAL AND STATE?

### TAX PAYMENT(S) AND/OR TAX REFUND(S)

Check ONLY one:

- ☐ Mail/Send Check
- ☐ Bank Withdrawal/Direct Deposit
- ☐ Same Bank Account as Last Year.

If same account, verify last 4-Digits: \_\_\_\_ \_

### Verify Account Type:

- ☐ Checking
- ☐ Savings

### Account Information

Bank Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

## ARE YOU READY TO SUBMIT ALL YOUR DOCUMENTS TO YOUR TAX PREPARER? Choose one:

☐ Yes, I am **READY!** ALL my required documents are attached. Please begin preparing my return.

☐ No, I am **UNSURE** what documents I need to bring and would like to talk to my preparer.

Briefly explain: \_\_\_\_\_

☐ No, I **AM MISSING** some documents. (Generally, your preparer will not begin your return until all documents are received.)

Briefly explain: \_\_\_\_\_

## DO YOU WANT YOUR PREPARER TO CONTACT YOU? Choose one:

☐ No, only if my preparer has questions.

☐ Yes, contact me to schedule a meeting to review **my completed return**—BEFORE ELECTRONIC FILING.

☐ Yes, contact me to schedule a meeting to review **my documents**—BEFORE PREPARATION BEGINS.

## THANK YOU!

**Your tax preparer will respond soon. If you need assistance with this form please call, text, or email the front desk.**

Front Desk—Voice/Text: (718) 898-8730, Email: [info@paceaccounting.com](mailto:info@paceaccounting.com)