



# PACE ACCOUNTING

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

Are you a returning client? ☐ Yes | ☐ No

## TAX PREPARATION CHECKLIST

**Filing Status** ☐ Single | ☐ Married | ☐ Married, filing separately

### PRIMARY TAXPAYER

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SSN or ITIN \_\_\_\_\_  
Occupation \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Work Number \_\_\_\_\_  
Email \_\_\_\_\_

### SPOUSE OR PARTNER

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
SSN or ITIN \_\_\_\_\_  
Occupation \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Cell Number \_\_\_\_\_  
Work Number \_\_\_\_\_  
Email \_\_\_\_\_

**Preferred Contact** ☐ Primary | ☐ Spouse **Preferred Contact Method** ☐ Email | ☐ Phone

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

Are you an active member or the spouse/dependent of an active member of the military? ☐ Yes | ☐ No

**New Client ID Requirements**—Please provide a copy of your Social Security Card **AND** Drivers License or Passport.

**Returning Client ID Requirements**—Please provide a copy of any ID's that have expired or changed since last year.

### DEPENDENTS OR PERSONS LIVING IN YOUR HOUSEHOLD

If any dependents listed did not live at the primary taxpayer's address the entire year, please discuss this with your preparer. It is critical to report your residency and dependency to the tax authorities. Please provide Social Security Card and Drivers License for each dependent.

Name	Relationship	Date of Birth	SSN or ITIN	Full-Time 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"/>

### TELL US ABOUT YOUR YEAR

To help you find as many credits and deductions as possible, tell us about anything that may affect your return. For example, bought property, installed energy efficient windows, etc.

---

---

---

---

# CLIENT DOCUMENT CHECKLIST

## INCOME

Check all that apply & include documents.

- ☐ Employer (W-2)
- ☐ Self-Employment
- ☐ Interest (1099-Int)
- ☐ Social Security (SSA-1099)
- ☐ Retirement Plan Distribution (1099-R)
- ☐ Dividends (1099-Div)
- ☐ Stock or Mutual Fund Sale (1099-B)
- ☐ Unemployment
- ☐ Foreign Income
- ☐ Other

## EXPENSES

Check all that apply & include documents.

- ☐ Self Employment
- ☐ Un-Reimbursed by Your Employer
- ☐ Home Office Deduction
- ☐ Moving Expenses
- ☐ Union Dues
- ☐ Education
- ☐ Medical/Dental Care
- ☐ Long Term Care Insurance
- ☐ Other

## CREDITS & DEDUCTIONS

Check all that apply & include documents.

- ☐ Charitable Donations
- ☐ Student Loan Interest (1098-E)
- ☐ Attended college (1098-T)
- ☐ Mortgage Payment (1098)
- ☐ HSA Contribution (1099-SA)
- ☐ Home Energy Improvements
- ☐ Property Taxes
- ☐ IRA Contribution
- ☐ Major Taxable Expense
- ☐ Paid Rent ☐ Other

## HEALTH INSURANCE

Check all that apply & include documents.

You or Any Members of  
Your Household Were:

- ☐ Covered by a Qualified Employer,  
Private, or Government Health  
Insurance Plan
- ☐ Enrolled in a Health Insurance Plan  
Through the Federal or State  
Marketplace (1095-A)

## DEPENDENTS

Check all that apply & include documents.

- ☐ Adopted a Child
- ☐ Paid Child and/or Dependent Care
- ☐ 529 Plan Contributions

## PROPERTY

Check all that apply & include documents.

- ☐ Rental Property

## MISCELLANEOUS

Check all that apply & include documents.

You or Your Spouse:

- ☐ Bought or Sold a Home
- ☐ Paid or Received Alimony
- ☐ Suffered Catastrophic Loss
- ☐ Gambling Winnings (W-2G)
- ☐ Changed Marital Status
- ☐ More Than \$10K in a Foreign Bank  
Account

## 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 | ☐ Text Message | ☐ Facebook | ☐ LinkedIn | ☐ Yelp Ad | ☐ Yelp Search | ☐ Bing Search | ☐ Bing Maps
- ☐ Google Search | ☐ Google Ad | ☐ Google Maps | ☐ Internet Search | ☐ Mobile Search | ☐ Print Ad | ☐ Mailing or Postcard
- ☐ Street Sign | ☐ Drove/Walked By | ☐ Referral | Referral Name \_\_\_\_\_

Which device were you using when you found us? ☐ Desktop | ☐ Tablet | ☐ Mobile

## HOW WOULD YOU LIKE TO RECEIVE YOUR TAX RETURN?

Check ONE

Note: Source documents are returned with your hard copy. If you select email, your source documents are returned as a PDF and originals are shredded.

- ☐ Pickup hard copy in office | ☐ Mail a hard copy (Standard Mail USPS) | ☐ Email a link to downloadable PDF via Secure Portal

## HOW WOULD YOU LIKE TO PAY FOR TAX PREPARATION SERVICES, TAX PAYMENTS, AND RECEIVE REFUNDS?

### TAX PREPARATION SERVICES

- ☐ Check | ☐ Cash | ☐ Credit Card

If paying by Credit Card, please

- Pay at reception desk
- Pay by phone
- Request to pay via secure portal

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

- ☐ Mail/Send Check | ☐ Bank Withdrawal/Direct Deposit

Bank \_\_\_\_\_ ☐ Checking

Routing # \_\_\_\_\_ ☐ Savings

Account # \_\_\_\_\_ ☐ Same account as last year