



Personal & Self-Employed (1040) Annual Organizer - Tax Year 2024

Please complete this form accurately and completely to ensure efficient processing of your tax return.

Filing Status: Single Married Filing Jointly Married Filing Separately

TAXPAYER

SPOUSE

(Married or Married Filing Separately)

Full Name: _____

Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____

Current Occupation: _____

Phone #: _____

Email: _____

* Separate emails are required for Taxpayer and Spouse to use the electronic signature feature in the Client Portal.

Driver's License #: _____

Issue Date: ____/____/____

Expiration Date: ____/____/____

Document # (NYS only): _____

* Document # is located on the back of license - first 3 characters after the Doc # or after IDUSA on enhanced licenses.

Current Physical Address: Street: _____

City: _____ State: _____ Zip: _____

Current Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Did you move in 2024? NO YES - Date of move: ____/____/____ *Provide previous address.

*Previous Address: Street: _____

City: _____ State: _____ Zip: _____

DIRECT DEPOSIT: The account you provide below is ONLY for the Direct Deposit of any anticipated tax return refunds. This account will NOT be used for any payments. TAI will NOT make any tax liability payments on your behalf.

Name of Financial Institution: _____

Type of Account: Checking Savings

Routing Number: _____

Account Number: _____

Paper check (Select this box if you do not want direct deposit)

ANNUAL INFORMATION:

Did you maintain living quarters in New York City during 2024? YES NO

Did you buy/sell a house in 2024? Buy Sell Both

Check box and provide an official Closing Statement for each property showing when **purchased** and when **sold**.

Did your marital status change in 2024? Married Separated Divorced - Date: ___/___/___

Check box if Taxpayer, Spouse, or Dependent died in 2024. Please provide a copy of the **Death Certificate**.

Alimony Paid in 2024: \$ _____

Alimony Received in 2024: \$ _____

Did you receive, purchase, sell, exchange, or dispose of any virtual currency in 2024? YES NO

DEPENDENTS:

No Dependents (check box)

Dependent(s) is filing on their own. (check box)

List current or new Dependent(s) to be claimed below: Additional Dependents can be submitted on a separate sheet.

Name: _____ DOB: ___/___/___ SS#: _____ - _____ - _____

Relationship to Taxpayer: Son Daughter Parent Other: _____

Education Enrollment Status: Pre/Grade School College Not in School Working Full-time

Name: _____ DOB: ___/___/___ SS#: _____ - _____ - _____

Relationship to Taxpayer: Son Daughter Parent Other: _____

Education Enrollment Status: Pre/Grade School College Not in School Working Full-time

DAYCARE EXPENSES: Additional providers or children may be submitted on a separate sheet.

Include the Year End Statement(s) from qualified daycare provider(s) (check box)

Dependent/Child's Name: _____ Yearly Cost: \$ _____

Provider Name: _____ EIN #: _____

Street: _____ City: _____ State: _____ Zip: _____

Dependent/Child's Name: _____ Yearly Cost: \$ _____

Provider Name: _____ EIN #: _____

Street: _____ City: _____ State: _____ Zip: _____

ANNUAL INFORMATION: Continued...

Active Volunteer First responder? (Firefighter, Fire Police, EMS)

Taxpayer Spouse Both

Name of Station: _____

Street: _____ City: _____ State: _____ Zip: _____

Teacher or Educator during 2023? (For K-12 grade. Work 900+ hours annually - principal, teacher, classroom aide and counselors.)

Taxpayer Spouse Both

IRA contributions made by **TAXPAYER** on or before April 15th?

Traditional \$ _____
 Roth \$ _____

IRA contributions made by **SPOUSE** on or before April 15th?

Traditional \$ _____
 Roth \$ _____

Purchase of a NEW or USED Electric / Fuel Cell Vehicle / Motorcycle (include receipt(s)) \$ _____

Energy Improvements / Solar / Geo-Thermal (include receipt(s)) \$ _____

Did you receive a **1095-A** (Markeplace Health Insurance)? YES NO

Long Term Care Premiums:

Taxpayer: \$ _____
Spouse: \$ _____

Health Insurance Premiums (Out-of-Pocket, **not** Medicare or employer paid) \$ _____

Medical/Dental/Vision/Rx/Out-of-Pocket costs/Copays: \$ _____

Medical Appointment Miles Driven in 2024: _____ miles

Contribution made to 529 Education Plan in 2024 (January 1 - December 31, 2024): \$ _____

College books, supplies, and fees paid – per student \$ _____

DONATIONS: Retain monetary contribution receipts for your records. Provide additional contributions on a separate sheet

Total of Cash/Check donations made in 2024: \$ _____

Miles driven for qualified charity work in 2024: _____ miles

Name of Charity: _____ Amount: \$ _____

Street: _____ City: _____ State: _____ Zip: _____

Items donated (include receipt(s)): _____

Name of Charity: _____ Amount: \$ _____

Street: _____ City: _____ State: _____ Zip: _____

Items donated (include receipt(s)): _____

Check box if a vehicle donation was made. (Additional paperwork will be required.)

ESTIMATED TAX PAYMENTS: Provide any quarterly Estimated or Extension tax payments made towards the 2024 tax year.

I did **NOT** make any **Estimated or Extension Payments**.

I made Estimated payments to additional states/local tax authority - *Include payments and dates on a separate sheet.*

Quarterly Due Dates:	FEDERAL		STATE: _____	
	Amount:	Date Paid:	Amount:	Date Paid:
4/15/24 – 1 st Quarter	\$		\$	
6/15/24 – 2 nd Quarter	\$		\$	
9/15/24 – 3 rd Quarter	\$		\$	
1/15/25 – 4 th Quarter	\$		\$	

I made an **Extension Payment** towards the 2024 tax year *prior* to April 15, 2025.

- **Federal (Form 4868) - Payment: \$** _____
- **State: _____ - Payment: \$** _____

TAX DOCUMENTS: Check boxes of the documents submitted for the preparation of your tax return.

- | | |
|---|--|
| <input type="checkbox"/> W-2 - Wages from employer | <input type="checkbox"/> 1098 E – Student Loan |
| <input type="checkbox"/> K-1 - for Business or Trust | <input type="checkbox"/> 1099 Q – Education |
| <input type="checkbox"/> 1095 A – Marketplace Health Insurance | <input type="checkbox"/> 1098 T – Tuition Statement Payments |
| <input type="checkbox"/> SSA 1099 – Social Security | <input type="checkbox"/> 1099 K – 3rd Party Income/Credit Card Sales |
| <input type="checkbox"/> 1099 R – Pension/Retirement Income | <input type="checkbox"/> W-2G / 5754 - Gambling Income |
| <input type="checkbox"/> 1099 NEC - Self-Employed Income | <input type="checkbox"/> 1099 C – Debit Cancellation |
| <input type="checkbox"/> 1099 INT – Interest Income | <input type="checkbox"/> 1099 G – Unemployment Wage |
| <input type="checkbox"/> 1099 DIV/1099 B – Investments (all pages) | <input type="checkbox"/> 1098 – Mortgage Interest |
| <input type="checkbox"/> 1099 A/5498 SA – Health Savings Account | <input type="checkbox"/> 1099 A – Property Abandonment |
| <input type="checkbox"/> 1099 G – State Refund | <input type="checkbox"/> Real Estate Closing Statement |
| <input type="checkbox"/> 1099 MISC – Miscellaneous Rent or Royalties | <input type="checkbox"/> Other: _____ |

Self-Employed, Landlords/Rentals, or Farmers complete additional applicable worksheets or Organizer.

RECEIVING YOUR TAX RETURN:

You will be email notified when your tax return is ready.

Tax returns are **not filed** until signature confirmation and payment for our services are received in full.

I would like to approve my tax return prior to signing. YES NO

Select below how you want to receive your tax return copy: *(Check at least one)*

- PORTAL - PDF File (No Fee)**
 - I will collect my tax documents from the office by **November 1, 2025** or they will be securely shredded.
 - Mail back my tax documents (\$10)
- OFFICE - Pick up a paper copy of my tax return (\$10)**
- MAIL - Mail a paper copy of my tax return (\$15)**



Payment Authorization Form

*Choose **ONE** option below to authorize payment for your Thomson Accountants, Inc. services.
(This is NOT for payment of any taxes due.)

Clients must supply this form annually to verify their payment method or upon initiation of any service.

***OPTION 1: Checking/Savings account for electronic debit (No Fee)**

Name of Financial Institution: _____
Name on Account : _____
Account Type: Checking Savings
Routing Number: _____
Account Number: _____
Client's Phone Number: (____) _____ - _____

***OPTION 2: Credit Card (3.5% convenience fee) *Visa and MasterCard only**

Card Type: Visa MasterCard
Name on Credit Card: _____
Credit Card Number: _____
Expiration Date: ____/____ CVC (3 digits): _____ Billing Zip Code: _____

I/We hereby authorize Thomson Accountants, Inc. to initiate debit entries to our account at the financial institution provided above for the purpose of paying our fees for accounting and/or tax work.

An invoice will be issued upon completion of work for our provided services. The debit will be processed on the invoice due date. If the due date falls on a weekend or holiday, it will be processed the next business day.

I/We understand that if the funds are not available in the above account at the time of debit, TAI will send notification that the transaction could not be completed. TAI will charge for fees due to insufficient funds or other reasons of unaccepted payment.

Further, I/we agree not to hold TAI responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until TAI receives written notification of cancellation from me/us at the following email address **office@baertaxgroup.com**. The notice of cancellation must be received in such time and manner as to allow required time for processing.

Print Name: _____

Signed: _____ Date: _____



Policies

Our Process:

Preparation of a return generally takes 2-3 weeks upon receipt of your full information. All documentation must be provided before we begin preparing your return. Returns are not processed while you wait. Visit thomsonaccounting.com for the list of Annual Organizers and Worksheets specific to your tax situation to complete and provide along with your tax documents. Existing clients may request a personalized checklist based on their prior year's return. Submit your information via the Client Portal, in-office, or by mail. A secure drop box is available at our main entrance for after business hours. **Do NOT email any documents or confidential information to avoid the risk of identity theft.**

Personal (1040) Tax Returns or filing of extension **due April 15, 2025.**

There is only ONE filing extension of 6 months granted (**filing due October 15th.) This is only an extension to file, NOT to pay any taxes due!**

Complete information must be received 4 weeks prior to any deadline date to guarantee on-time filing.

Fees:

Payment is due when your tax return(s) is completed. Your invoice will reflect a due date of three business days from when issued, and you will be debited as per the Payment Authorization Form policy states. TAI will charge fees due to insufficient funds or any other reasons of unaccepted payment. TAI reserves the right to delay processing your return electronically until payment has been cleared.

The tax return fee covers the preparation of your tax return only. It does not include additional consulting/planning after the preparation, assistance with notices, or contacting our office for a refund status. Related fees for these services can be found on our website.

TAI's Annual Organizers and Worksheets assist us in keeping our fees to a minimum. Failure to use these forms may cause extended processing time for which you will be charged. Complex email inquiries may incur a fee relevant to the accountant's time and assistance provided. Instructions to track your refund are available on our website. TAI charges \$25 to check a refund status for you. IRS and State refunds can take time to process. TAI has no authority to influence the time of when your refund will be received.

Active clients will have a PDF copy of their tax return available on the Client Portal for anytime access to download, view, or print. Additional requested copies from our office will incur a fee of \$25 per tax year/per copy.

Client and Tax Information:

TAI are professionals. All information provided will be kept secure and confidential. TAI only accepts a limited number of clients. Our goal is to maintain a mutually beneficial and pleasant relationship with all clients and we ask the same courtesy in return.

TAI does not audit the information you provide and will not prepare a return that has inaccurate income or expenses or is considered misstated in any way. As our due diligence requires, there are strict guidelines for tax professionals and TAI will adhere to those guidelines so as not to jeopardize our professional standing under any circumstance.

Taxpayer's Name (printed): _____

Signature: _____ **Date:** _____

Spouse's Name (printed): _____

Signature: _____ **Date:** _____



Tax Return Engagement

Thomson Accountants, Inc. (TAI) - *formerly Baer Tax Group*, will prepare your federal and state income tax returns based on the information you supply to us. This engagement pertains to the **current tax year**, and our responsibilities do not include preparation of any other tax returns due to any taxing authority.

It is your responsibility to provide all information required for the preparation of complete, accurate, and timely returns. We will furnish you with and you may access our website for annual worksheets to guide you in gathering the necessary information required for your tax situation. Existing clients may request a personalized checklist based on their prior year's return. Your use of such forms will assist us in keeping our fee to a minimum and efficiently processing your data. To the extent we render any accounting and/or bookkeeping assistance, it will be limited to those tasks we deem necessary for the preparation of the returns.

You represent that there is adequate substantiation to support deductions for any expenses claimed on the return. We will not audit or otherwise verify the data you submit to us, although we may request additional clarification on information. You are ultimately responsible for the accuracy of your return and should review it carefully before approving/signing it. You should retain all the documents, canceled checks, and other data which form the basis of your reported income and deductions. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority request.

If there is an error on the return resulting from incorrect information supplied by you, or due to your subsequent receipt of any amended or corrected tax form(s), you are responsible for the payment of any additional taxes which would have been properly due on the original return(s), along with any interest and penalties charged by the taxing authority.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for services based on our time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation. **Tax returns are electronically filed only after payment is received and cleared.**

If the foregoing fairly sets forth your understanding, please sign below. However, if there are other tax return years you wish us to prepare, please inform us by noting so via email at office@baertaxgroup.com and we will furnish you with an additional engagement letter.

Sincerely,
Thomson Accountants, Inc. (TAI) – *formerly Baer Tax Group*

Accepted by:

Taxpayer's Name (printed): _____

Signature: _____ **Date:** _____

Spouse's Name (printed): _____

Signature: _____ **Date:** _____