THOMSON ACCOUNTANTS INC

Not-For-Profit Organizations (990) Annual Organizer – Tax Year 2024

☐ Send your online accounting access invitation to: **Office@baertaxgroup.com.**
☐ Desktop versions - submit both **Profit and Loss** and **Balance Sheet** with previous year's comparison in EXCEL format.

Organization Name: ______________________________

Organization Address: Street: ______________________________

City: ______________________ State: __________ Zip: ______________

Employer Identification # (EIN): ______________________________

Person in charge of Organization's books: ______________________________

Phone: (_________)_________-________________ **Email:** ______________________________

Address where books are located: Street: ______________________________

City: ______________________ State: __________ Zip: ______________

Name of Signing Officer: ______________________________

Officer's Address: Street: ______________________________

City: ______________________ State: __________ Zip: ______________

List of Officers, Directors, Trustees, and Key Employees: *Provide additional names on a separate sheet.*

Name: ______________________________ **Title:** ______________________

Avg. weekly hours: _______________ **Compensation on W-2/1099:** ______________________

Health Benefits/Deferred Compensation: __________________ **Other Compensation:** ______________________

Name: ______________________________ **Title:** ______________________

Avg. weekly hours: _______________ **Compensation on W-2/1099:** ______________________

Health Benefits/Deferred Compensation: __________________ **Other Compensation:** ______________________

Name: ______________________________ **Title:** ______________________

Avg. weekly hours: _______________ **Compensation on W-2/1099:** ______________________

Health Benefits/Deferred Compensation: __________________ **Other Compensation:** ______________________

Name: ______________________________ **Title:** ______________________

Avg. weekly hours: _______________ **Compensation on W-2/1099:** ______________________

Health Benefits/Deferred Compensation: __________________ **Other Compensation:** ______________________

Name: ______________________________ **Title:** ______________________

Avg. weekly hours: _______________ **Compensation on W-2/1099:** ______________________

Health Benefits/Deferred Compensation: __________________ **Other Compensation:** ______________________

Name: ______________________________ **Title:** ______________________

Avg. weekly hours: _______________ **Compensation on W-2/1099:** ______________________

Health Benefits/Deferred Compensation: __________________ **Other Compensation:** ______________________

# of Volunteers: ____________________

# of Voting Members: ________________ ***of the voting members, # that are independent:** _______________

# of Employees issued a W-2 in 2024: _____________

# of independent contractors issued a 1099 in 2024: _____________
Contractors/Outside Services/Rents paid over $600 annually require a form 1099.
(i.e.: bookkeepers/accountants, janitorial, carpenters, plowing that are not taxed as corporations.)

Were all 1099s issued that were required? ☐ **YES** ☐ **NO**

List gross receipts of $15,000 or more from fundraising: *Provide additional fundraising on a separate sheet.*

Fundraising Effort:	$ Amount:

List gross receipts of $5,000 or more from events: *Provide additional events on a separate sheet.*

Event Name:	$ Amount:

Name and *Complete* Address of donors giving $5,000 or greater in 2024: *Provide additional names on a separate sheet.*

1. Name: ____ **Amount:** $______________________

Address: Street:________________________________ City:______________________ State:_______ Zip:____________

2. Name: ____ **Amount:** $______________________

Address: Street:________________________________ City:______________________ State:_______ Zip:____________

3. Name: ____ **Amount:** $______________________

Address: Street:________________________________ City:______________________ State:_______ Zip:____________

4. Name: ____ **Amount:** $______________________

Address: Street:________________________________ City:______________________ State:_______ Zip:____________

5. Name: ____ **Amount:** $______________________

Address: Street:________________________________ City:______________________ State:_______ Zip:____________

6. Name: ____ **Amount:** $______________________

Address: Street:________________________________ City:______________________ State:_______ Zip:____________

7. Name: ____ **Amount:** $______________________

Address: Street:________________________________ City:______________________ State:_______ Zip:____________

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 the tax return prior to signing. ☐ **YES** ☐ **NO**

Select below how you would like 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 Baer Tax Group 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***.

Not-For-Profit (990) Tax Returns or filing of extension is **due May 15th.**
There is only ONE filing extension of 6 months granted **(filing due November 15th.)**

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.

Print Name: ____

Signed:____ **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*

Print Name: ____

Signed:____ **Date:** ________________