



2024 Trust & Estate (1041) Annual Information

Select ONE option that applies:

- First time filing a tax return for this Estate/Trust. **Include all pages of the IRS EIN letter.*
- Recurring annual filing that TAI prepares for this Estate/Trust. **Provide any changes to the Estate/Trust.*
- New client, first time filing with TAI to prepare the recurring annual return for this Estate/Trust.
**Include the prior year's tax return and all pages of the IRS EIN letter.*

Full Name of Estate/Trust: _____

EIN Number of Estate/Trust: _____

FIDUCIARY INFORMATION:

Full Name (Individual or Business): _____

Title (i.e.- Trustee, Executer): _____

Fiduciary Address: Street: _____

City: _____ State: _____ Zip: _____

Contact: Phone: _____ Email: _____

Full Name of Signing Fiduciary: _____

Title (i.e.- Trustee, Executer): _____

Social Security #: _____

ESTATE / TRUST INFORMATION:

Date the Estate/Trust entity was created: _____

Type of Estate/Trust: *check box below*

- | | |
|--|---|
| <input type="checkbox"/> Simple | <input type="checkbox"/> Grantor |
| <input type="checkbox"/> Complex | <input type="checkbox"/> Bankruptcy Estate Chapter 7 |
| <input type="checkbox"/> Qualified Disability | <input type="checkbox"/> Bankruptcy Estate Chapter 11 |
| <input type="checkbox"/> Decedent's Estate - <i>*See Below</i> | <input type="checkbox"/> Pooled Income Fund |

**Decedent's Estate: If first time filing, provide additional information with last known address below.*

Date of Death: _____ **Social Security #:** _____

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

EXECUTORS OR TRUSTEES: *Additional individuals can be supplied on a separate sheet.*

Full Name: _____ **Social Security #:** _____

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

Full Name: _____ **Social Security #:** _____

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

Full Name: _____ **Social Security #:** _____

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

NYS TRUSTS / ESTATES: *Residency Status*

- Full year resident with any nonresident beneficiaries who receive income from NYS sources
- Full year resident with resident beneficiaries only
- Part year resident trust
- Full year nonresident

BENEFICIARIES: *Additional individuals can be supplied on a separate sheet.*

Full Name: _____ **Allocation %:** _____

Social Security #: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Full Name: _____ **Allocation %:** _____

Social Security #: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Full Name: _____ **Allocation %:** _____

Social Security #: _____

Address: Street: _____

City: _____ State: _____ Zip: _____

Full Name: _____ **Allocation %:** _____

Social Security #: _____

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 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)*

Print Name: _____

Signature: _____ 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.**

Trust and Estate (1041) 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.

Print Name: _____

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*

Print Name: _____

Signature: _____ **Date:** _____