



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

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

This form represents your current information which must be provided annually. Prior year forms will NOT be used.

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.

Identity Protection PIN

Some individuals receive a 6 digit, annual IRS mandated **IP PIN** by mail to file their taxes. If you have not been mandated an IP PIN, you may leave this selection blank. If you lost your IP PIN letter, you may retrieve it at **IRS.gov (Get an IP PIN)**.

Current Physical Address: Street:

City: _____ State: _____ Zip: _____

Current Mailing Address: ☐ Same as Above

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)

☐ Apply my refund to next year (IMPORTANT! You will NOT receive a refund deposit if you choose this option, it will be credited to your 2025 taxes)

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 children/providers 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: _____

VOLUNTEER / TEACHER - EDUCATOR :

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

☐ Taxpayer ☐ Spouse ☐ Both

Name of Station: _____

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

Teacher or Educator during 2024? (For K-12 grade. Work 900+ hours annually - principal, teacher, classroom aide and counselors.)

☐ Taxpayer ☐ Spouse ☐ Both

IRA CONTRIBUTIONS:

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

☐ Traditional \$ _____
☐ Roth \$ _____

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

☐ Traditional \$ _____
☐ Roth \$ _____

TAX CREDITS & INCOME ADJUSTMENTS: Energy, health, & education. Eligibility determined per tax situation.

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** (Marketplace 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: *Eligibility determined per tax situation.*

Monetary receipts are not required to be provided unless requested. Retain all monetary receipts for your own records.

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

Total Miles driven for qualified charity work in 2024: _____ miles

Item Donations: *Receipts Required. Additional item donations may be provided on a separate sheet.*

Name of Charity: _____ Amount: \$ _____

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

Item(s) donated: _____

Name of Charity: _____ Amount: \$ _____

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

Item(s) donated: _____

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

TAX PAYMENTS: *Provide any additional tax payments made towards the 2024 tax year.*

Tax payments made to additional states may be provided on a separate sheet - Include amounts and dates paid.

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

ESTIMATED PAYMENTS: *Payments made towards your 2024 quarterly tax liability.***Quarterly****Due Date: FEDERAL**

4/15/24 – Amount: _____ Date Paid: _____
1st Quarter \$ _____

6/15/24 –
2nd Quarter \$ _____

9/15/24 –
3rd Quarter \$ _____

1/15/25 –
4th Quarter \$ _____

STATE: _____

Amount: _____ Date Paid: _____
\$ _____

\$ _____

\$ _____

\$ _____

EXTENSION PAYMENTS: *Payments made towards your anticipated 2024 tax liability that would be due on April 15, 2025.***FEDERAL**

Amount: _____ Date Paid: _____
\$ _____

STATE: _____

Amount: _____ Date Paid: _____
\$ _____

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

- | | |
|---|---|
| ☐ W-2 - Wages from employer | ☐ 1098 E – Student Loan |
| ☐ K-1 - for Business or Trust | ☐ 1099 Q – Education |
| ☐ 1095 A – Marketplace Health Insurance | ☐ 1098 T – Tuition Statement Payments |
| ☐ SSA 1099 – Social Security | ☐ 1099 K – 3 rd Party Income/Credit Card Sales |
| ☐ 1099 R – Pension/Retirement Income | ☐ W-2G / 5754 - Gambling Income |
| ☐ 1099 NEC - Self-Employed Income | ☐ 1099 C – Debit Cancellation |
| ☐ 1099 INT – Interest Income | ☐ 1099 G – Unemployment Wage |
| ☐ 1099 DIV/1099 B – Investments (all pages) | ☐ 1098 – Mortgage Interest |
| ☐ 1099 A/5498 SA – Health Savings Account | ☐ 1099 A – Property Abandonment |
| ☐ 1099 G – State Refund | ☐ Real Estate Closing Statement |
| ☐ 1099 MISC – Miscellaneous Rent or Royalties | ☐ Other: _____ |
| ☐ Schedules C, E, or F (self-employed income/business, rental, or farms) must complete additional Worksheets. | |

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**)

If any hard copy tax documents are provided to the office...

☐ I will collect my documents by November 1, 2025 or they will be securely shredded

☐ I would like my documents returned by mail (**\$10**)

☐ **OFFICE** - Pick up a paper copy of my tax return - includes return of any hard copy tax documents (**\$10**)

☐ **MAIL** - Mail a paper copy of my tax return - includes mailing of any hard copy tax documents (**\$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.)

IMPORTANT: *This is a legal form and must be completed upon the initiation of any service.
Suggestions to use an account on file, prior form, or an account listed elsewhere will **NOT** be accepted.*

***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@thomsonaccounting.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

Tax return preparation generally takes 2-3 weeks upon receipt of your full information. An Annual Organizer, any supporting Worksheets, and all documentation must be provided before we can begin. Returns are not processed while you wait. Once complete, a digital copy of your tax return with all supporting documentation will be provided on your Client Portal through email notification. Signature requests will be prompted to authorize the e-filing of your taxes. Your invoice will be provided with your tax return. Payment is taken automatically on the invoice's due date from the account submitted on your Payment Authorization Form. **Receipt of E-file Authorization Signatures do not affect the invoice due date.** If you disapprove your tax return, TAI may review and make adjustments which could accrue a redo fee if inadequate or incorrect information was provided by you.

Once all e-file authorization signatures are received and invoice payment is funded, your tax return will be e-filed.

In the event of paper filing a tax return, TAI will prepare the hard copy for mailing and provide instructions to complete. Your invoice must be fully paid and funded before we will release the paper filing copies to you.

All required information to prepare any tax return must be received 4 weeks before any IRS filing due date to guarantee on time filing. This includes extension IRS due dates.

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. 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 years' return prepared by TAI.

Fees

Tax preparation fees are based on the complexity of the tax return and vary from client to client. This fee covers your tax preparation, a digital copy of your taxes, and filing of the tax return. This service may only be completed per the client's responsibility to sign the E-File Authorization forms and receipt of successful payment.

Payment is due when your taxes are completed. An invoice will be provided with your tax return with a due date reflecting 3 business days upon receipt. The account on your Payment Authorization Form will be processed as per our payment terms. TAI reserves the right to not process your tax return electronically until payment has funded.

Tax Return Preparation does not include any additional consulting/planning, assistance with notices, or contacting our office for a refund status. All are a separate billable services. Links to check status of refunds are available on our website or may be found on the state agencies websites. TAI charges \$25 fee to check your refund status. Consulting appointments for all tax planning and inquiries are available as a billable service. Complex email or phone inquiries may incur a fee depending on the accountants' time, research, or calculations involved.

There is no fee for a PDF digital copy of your tax return via the Client Portal. Clients are offered a one-time printed copy for \$10 at the time of submitting their Annual Organizer for tax preparation. Additional copies or requests after submission will incur a fee of \$25 per year/per copy.

Client Information & Conduct

TAI does not audit the information you provide. TAI may offer guidance, but reserves the right to not prepare a tax return that has inaccurate income or expenses or is considered misstated in any way. There are strict guidelines for preparers and licensed CPA's and we must adhere to those guidelines and will not jeopardize that license under any circumstance.

Extensions

Existing clients who have had personal taxes prepared by TAI in the previous tax season, that have not provided their information in time or have made no contact will automatically be placed on a filing extension at no charge. This courtesy will remain active unless you request termination of services or we have not heard from you by the second tax filing year. If you are a new client, business client, or other organization type in need of an extension, please contact us.

Policies and Tax Return Engagement Agreement signatures must be provided on the next page to initiate services.



Tax Return Engagement

Thomson Accountants, Inc. (TAI), 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 other 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 at thomsonaccounting.com for all Annual Organizers and Worksheets to guide you in gathering the necessary information required for your tax situation. 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 clarification on information. TAI accepts the submission of the Organizers as the final financials and information to prepare your tax return. We will not use nor compare information on self-made spreadsheets.

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 electronically agree below. If there are other tax return years you wish us to prepare, please inform us by noting so via email at office@thomsonaccounting.com and we will furnish you with an additional engagement letter.

Thomson Accountants, Inc. are professionals. Information shared with our firm is confidential and you are held in the highest regard. TAI asks the same in return. TAI only takes a limited number of clients and our goal is for the relationship to be mutually beneficial and pleasant.

Sincerely,
Thomson Accountants, Inc.

I/We hereby agree to Thomson Accountants, Inc.'s Policies and Tax Return Engagement:

Taxpayer's Name (printed): _____

Signature: _____ **Date:** _____

Spouse's Name (printed): _____

Signature: _____ **Date:** _____