

Personal Taxes: Annual Information- 2023 Tax Year for 1040 Tax Return and Self-Employed

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

	<u>TAXPAYER</u>	<u>SPOUSE (Married or Married Filing Separately)</u>
Full Name:	_____	_____
Social Security #:	_____ - _____ - _____	_____ - _____ - _____
Date of Birth:	_____/_____/_____	_____/_____/_____
Current Occupation:	_____	_____
Driver's License #:	_____	_____
Issue Date:	_____	_____
Expiration Date:	_____	_____
Document # (NY State only):	_____	_____
<i>(Document # is located on the back of license - first 3 characters after the Doc # or after IDUSA on enhanced licenses.)</i>		
Cell Phone #:	_____	_____
Current Email:	_____	_____

*(In order to use the Electronic Signature feature to sign your tax return in the client portal, provide a current email address for the Taxpayer **and** for the Spouse (for jointly filed returns). Each signer must have a **separate** email address.)*

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current Physical Address: _____

City: _____ State: _____ Zip Code: _____

Did you move in 2023? YES NO If yes, date of move: _____

Previous address if you moved during 2023: _____

Did you maintain living quarters in New York City during 2023? YES NO

Did you buy/sell a house in 2023? Buy Sell Both

Provide an official Closing Statement for each property showing when purchased and when sold.

Did you get **Married** **Separated** or **Divorced** in 2023? Date: ____/____/____

If Taxpayer, Spouse or Dependent died in 2023, please provide a copy of the Death Certificate and check this box.

Any Alimony Paid in 2023: _____ Any Alimony Received in 2023: _____

During 2023, did you receive, purchase, sell, exchange, or dispose of any virtual currency? Yes No

For NEW clients, please include a copy of your prior year tax return and check this box:

Current or New Dependent(s): **No Dependents, check this box:**

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

Relationship to Taxpayer: Son Daughter Parent Other _____

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

Relationship to Taxpayer: Son Daughter Parent Other _____

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

Relationship to Taxpayer: Son Daughter Parent Other _____

Remove dependent(s) claimed in the previous year? YES or NO

Dependent(s) to remove: _____

If you have more dependents, check this box and submit names on an additional sheet.

Daycare Expenses:

Child Name: _____ Amount: \$ _____

Provider Name: _____ EIN Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If you have more than 1 provider or child in care, check this box and submit the information on an additional sheet.

Include Year End Statement(s) from Daycare provider and check this box.

Bank Information for Direct Deposit for any Anticipated Refunds:

Name of Bank: _____

Checking Savings

Routing Number (9 digits): _____ Account Number: _____

How would you like to receive your tax return copy? (Check at least one)

PDF in PORTAL (Separate Email address for EACH taxpayer is required) No fee

Paper copy of Tax Return by MAIL (\$15)

Paper copy of Tax Return for Pick up in OFFICE (\$10)

Mail back original tax documents (\$10)*

**Please note if you do not collect your documents by May 15th, 2024. They will be securely shredded.*

Would you like to review your return in the PORTAL prior to e-filing? YES NO

Your return is placed in the Client Portal for review, and you will be notified. Payment for processing your tax return is due according to our payment terms. Your return is not e-filed until we receive signature confirmation from you and payment in full.

Taxpayer (Please print name): _____

Signature: _____ Date: _____

If filing a joint tax return, Spouse's signature is required:

Spouse (Please print name): _____

Signature: _____ Date: _____

For **Self-employed, Landlords/Rentals or Farmers** complete the applicable Worksheet or portal Organizer and check this box:

Please review, check the boxes and submit documents that pertain to you below:

- | | | |
|--|--|--|
| <input type="checkbox"/> W-2 Wages from employer
of forms _____ | <input type="checkbox"/> K-1 for Business or Trust | <input type="checkbox"/> 1099 K 3 rd Party Income/
Credit Card Sales |
| <input type="checkbox"/> 1095 A, B or C – Health
Insurance | <input type="checkbox"/> 1099 A – Property Abandonment | <input type="checkbox"/> 1099 C – Debt Cancellation |
| <input type="checkbox"/> 1099 G – State Refund | <input type="checkbox"/> 1099 G - State Disability | <input type="checkbox"/> 1099 G – Unemployment
Wages |
| <input type="checkbox"/> SSA 1099 – Social Security | <input type="checkbox"/> 1099 R – Pension/Retirement
Income | <input type="checkbox"/> 1099 DIV/1099 B
Investments (all pages) |
| <input type="checkbox"/> 1099 INT – Interest Income | <input type="checkbox"/> 1099 MISC – Misc Rent or
Royalties Income | <input type="checkbox"/> 1099 NEC - Self-Employed
Income |
| <input type="checkbox"/> 1098 E – Student Loan
Interest | <input type="checkbox"/> College Books/Supplies/Fees paid
\$_____ (per student) | <input type="checkbox"/> 1099 Q – Education
Payments |
| <input type="checkbox"/> 1098 T – Tuition Statement | <input type="checkbox"/> School, Property, Town/Village Tax
Bills | <input type="checkbox"/> 1098 – Mortgage Interest |
| <input type="checkbox"/> 1099 A/5498 SA – Health
Savings Account | <input type="checkbox"/> 1099 S – Sale of Real Property | <input type="checkbox"/> Real Estate Closing
Statement |
| <input type="checkbox"/> W-2G/ 5754 Gambling Income | | |

Active Volunteer First Responders: Taxpayer Spouse Both
(Firefighter, Fire Police, EMS)

Name of Station: _____

Address: _____ City: _____ State: _____ Zip Code: _____

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

IRA contributions TAXPAYER on or before April 15th? Traditional \$ _____

Roth \$ _____

IRA contributions SPOUSE on or before April 15th? Traditional \$ _____

Roth \$ _____

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 Appt. Miles Driven in 2023: _____

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

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

Contribution to 529 Education Plan in 2023: \$ _____

Total Cash/Check Donations in 2023: \$ _____ Miles Driven for Qualified Charity Work in 2023: _____

Brief Description of Donated Item(s): _____
(eg: Clothing, Furniture, Household Items, Books, etc.)

Name of Charity: _____ Value of Non-Cash Items Donated: \$ _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of Charity: _____ Value of Non-Cash Items Donated: \$ _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Additional Tax Information or Questions you would like to include for the accountants:

Payment Authorization Form

The information provided below will be used only to pay for Baer Tax Group services. (NOT to pay any taxes due)

Name on Bank Account:	_____
Name of Bank:	_____
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number (9 digits):	_____
Account Number:	_____
Billing Zip Code on Account:	_____ Phone Number: _____

- OR -

Name on Credit Card:	_____
Credit Card #:	_____
Expiration Date:	_____ CVC (3 digits on back of card): _____
Billing Zip Code on Account:	_____ Phone Number: _____

**** (Visa and Mastercard only. Credit Card transactions incur a 3.5% convenience fee.)**

I/We hereby authorize Baer Tax Group to initiate debit entries to our account at the financial institution named below for the purpose of paying our fees for accounting and/or tax work.

Debits are processed upon completion of the work; an invoice will be sent. **The debit will take place 3 days from the invoice being sent.** If the debit day falls on a holiday, the debit is processed the next business day.

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

Further, I/we agree not to hold Baer Tax Group 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 Baer Tax Group 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 in such a manner as to allow enough time for processing.

Print Name: _____

Signed: _____ Date: _____

Policies

Our Process:

Baer Tax Group (BTG) are professionals. We keep all information confidential, and you are held in the highest regard. BTG requests the same in return. BTG only accepts a limited number of clients, and our goal is for the relationship to be mutually beneficial and pleasant.

It generally takes 2-3 weeks from the time all your information is received in full to complete your return. Returns are not processed while you wait. It is very important to be sure you have everything submitted for your tax preparation. Refer to our checklists/worksheets to be sure your information submitted is complete.

Zoom, phone and in-person appointments are scheduled from our website. Information can be dropped off anytime, we have a secure outside drop box for after hours. Tax returns can be processed without an appointment.

Complete information is needed before **March 20th** to file by the April 15th deadline. Returns that get placed on extension require complete information before **September 10th** to file by the October 15th deadline, **there is only ONE extension.**

Fees:

Payment is due when your taxes are completed. You will receive an invoice upon completion and 3 days later it will be debited as per the payment form. BTG reserves the right to hold processing your return electronically until payment has been cleared.

The tax return fee covers the preparation of your tax return, it does not cover additional consulting/planning after the preparation, assistance with notices or contacting our office for a refund status. Instructions on how to check on refund status are on your instruction sheet and our website. Refund processing can take time so please check with the IRS or State agency on your refund as per the instructions. BTG charges a \$25 fee to check your refund status.

Additional tax planning or consulting appointments or assistance with notices are welcome. Appointments can be scheduled from our website or by calling the office. The website has information about related fees.

Keep copies of your complete tax return or download them to your computer from the portal. Additional copies requested will incur a fee of \$25 per year/per copy. Current clients are able to access tax return copies anytime in the secure portal. **Tax returns will not be emailed in order to ensure your sensitive information is kept confidential.**

Client Information:

BTG does not audit the information you provide. BTG will not prepare a return that has inaccurate income or expenses or is considered misstated in any way. There are strict guidelines for tax professional and we must adhere to those guidelines and not jeopardize professional standing under any circumstance.

Taxpayer's Name (printed): _____

Signature: _____ Date: _____

Spouse's Name (printed): _____

Signature: _____ Date: _____

Tax Return Engagement

Baer Tax Group will prepare your federal and state income tax returns based on information you furnish 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 the information required for the preparation of complete, accurate and timely returns. We will furnish you with or you may access information, check lists and/or worksheets from our website as needed to guide you in gathering the necessary information. 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 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 amended or corrected tax form(s) (W-2's, 1099's, K-1'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 or presented only after payment is received.**

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,
Baer Tax Group

Accepted by:

Taxpayer's Name (printed): _____

Signature: _____ Date: _____

Spouse's Name (printed): _____

Signature: _____ Date: _____