Checklist – Personal EXISTING client

REQUIRED:

- [ ] Annual information sheet- signed
- [ ] Payment authorization form - signed
- [ ] Tax engagement letter – signed
- [ ] Policies – signed
- [ ] Estimated tax payments sheet, only if you pay these taxes (typically for self-employed or business owners)

OPTIONAL:

- [ ] Personal tax check list

BAER TAX GROUP

EXISTING CLIENT- ANNUAL SHEET UPDATE

Name(s) as appears on your Social Security card:

____

Complete license information **ONLY** if you or your spouse renewed your license since last year:

License Information – Self:

License # ________________ State _______ Issue Date _______________

Expiration Date _____________ First 3 Characters of Document # __________

License Information– Spouse :

License # ________________ State _______ Issue Date _______________

Expiration Date _____________ First 3 Characters of Document #(NYS only) __________

Please report any changes to your occupation, address, phone number or email address:____

____

Did you buy a new house? ☐ YES or ☐ NO

Did you have health insurance for the entire year? ☐ YES ☐ NO ☐ Partial Year

Please provide the 1095 form (A, B, or C) from your health insurer

Have your dependents changed? ☐ YES or ☐ NO

Dependent(s) to add, please provide the full name, social security number, and date of birth: ____

Dependent(s) to remove: Name(s)____

Direct Deposit for tax refunds (**This needs to be verified each year**):

Bank Name: ____________________________ Routing Number:____________________________

Account Number: ____

Any additional information or changes to communicate: _________________________________

____

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

☐ In Client Portal ☐ Paper (by mail) ☐ Paper (office pick up)

Would you like to review your tax return before it is e-filed? ☐ YES ☐ NO (your return is placed in the client portal for review)

Printed Name: ____

Signed: ____ Date: _____________

Payment Authorization Form

I/We hereby authorize Baer Tax Group, Inc 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 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 at the time of the transfer, we will receive notification from Baer Tax Group, Inc that the transfer could not be completed. I/We will then bring current the total amount due by making a credit card payment over the phone with 3% fee.

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

Name on bank account OR credit card: ____

Name of bank: ____

Account Type: ☐ Checking ☐ Savings

Routing number (9 digits): ________________________ Account number: _________________

Billing Zip Code on account: _____________________ Phone number: ___________________

OR

Credit card info: (will incur a 3% fee) Visa and Mastercard only.

Credit card #: ____

Expiration date: ___________________ Code from back of card (3 digits): _________________

Billing Zip Code on account: _____________________ Phone number: ___________________

Printed Name: ____

Signed: ____ Date: ___________________

Tax Return Engagement

Baer Tax Group, Inc. will prepare your federal and state income tax returns based on information you furnish to us. This engagement pertains to the 2019 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, checklists 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 ask you for 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 IRS.

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 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 year 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.

Very truly yours,

Baer Tax Group, Inc.

Accepted By(print name): ____

Signed: _____________________________________ Date: ___________

Policies

Our process

Baer Tax Group, Inc. (BTG) are professionals and keep any 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 be sure you have everything submitted for your tax preparation, refer to our checklists to be sure your information submitted is complete.

Phone calls and appointments are scheduled from our website, but information can be dropped off anytime, we have a secure outside drop box for after hours.

Complete information is needed by March 20 to file by the April 15 deadline. Returns that get placed on extension require complete information by September 10 to file by the October 15 deadline, there are no further extensions beyond this date.

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 not process 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 are given on how to check on refunds are on your instruction sheet. Refund processing can take time so please check with the IRS or State agency on your refund as per the instructions. BTG charges $25 fee to check your refund status.

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

Keep copies of your complete tax return, additional copies requested will incur a fee of $25 per year/per copy. Accessing our client portal on the BTG website will allow you access to your tax return copies anytime without fee.

Client Information

BTG does not audit the information you provide. Baer Tax Group, Inc will not prepare a 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 not jeopardize professional licensure under any circumstance.

Printed Name: ____

Signed: ____ Date: _______________

Estimated Tax Payment tracking- 2019

Due date:	Federal	State	Local
4/15/2019	Date paid: _______Amount: ________	Date paid: _____ Amount: _______ State:_____	Date paid: ______Amount: _____ ID____
6/15/2019	Date paid: _______Amount: ________	Date paid: _____ Amount: _______ State:_____	Date paid: ______Amount: _____ ID____
9/15/2019	Date paid: _______Amount: ________	Date paid: _____ Amount: _______ State:_____	Date paid: ______Amount: _____ ID____
1/15/2020	Date paid: _______Amount: ________	Date paid: _____ Amount: _______ State:_____	Date paid: ______Amount: _____ ID____

Remember DO NOT include any overpayments from prior years or payments made in current year that were for previous year.
DO NOT include any payments made in April for tax return EXTENSIONS. This payment would be with Federal form 4868 or the state form-for example- NYS IT370

Federal Tax-
Federal tax payments can be mailed with a check and the 1040-ES Vouchers included in your tax return.
You can print this form at the IRS.gov website. Each voucher has the mailing address where to send with instructions.
Pay online at https://www.irs.gov/payments. You can use your bank account or credit card.

State Tax-
State tax payments can be mailed with a check and the vouchers included in your tax return.
These forms can also be printed from the state tax department websites.

Your payments for the estimated income tax should be from a personal bank account or be paid with a personal credit card.

Keep track of your payments on the above worksheet. You will turn this in with the rest of your tax information to Baer Tax Group, Inc.

Baer Tax Group, Inc.

Personal Tax Checklist (optional)

General information for your personal tax return:

Taxpayer Name: ______________________________

Address: _________________________________

____

Occupation: ______________________________

Spouse Name: _____________________________

Spouse Occupation: _________________________

Dependent #1: _____________________________

Date of Birth: ______________________________

Social Security #: ___________________________

Child Care Annual Cost: ____________________

Provider Name: _____________________________

Provider Address: ____________________________

____

Provider Federal ID #: _______________________

Provider Phone #: ___________________________

Dependent #2: _____________________________

Date of Birth: ______________________________

Social Security #: ___________________________

Child Care Annual Cost: ____________________

Provider Name: _____________________________

Provider Address: ____________________________

____

Provider Federal ID #: _______________________

Provider Phone #: ___________________________

Dependent #3: _____________________________

Date of Birth: ______________________________

Social Security #: ___________________________

Child Care Annual Cost: ____________________

Provider Name: _____________________________

Provider Address: ____________________________

____

Provider Federal ID #: _______________________

Provider Phone #: ___________________________

Dependent #4: _____________________________

Date of Birth: ______________________________

Social Security #: ___________________________

Child Care Annual Cost: ____________________

Provider Name: _____________________________

Provider Address: ____________________________

____

Provider Federal ID #: _______________________

Provider Phone #: ___________________________

Dependent #5: _____________________________

Date of Birth: ______________________________

Social Security #: ___________________________

Child Care Annual Cost: ____________________

Provider Name: _____________________________

Provider Address: ____________________________

____

Provider Federal ID #: _______________________

Provider Phone #: ___________________________

Please check off documents being submitted:

- ☐ Copy of last year's tax Federal & State return (new client only)
- ☐ W-2 Wage from your employer. # Submitted_____
- ☐ Health Insurance Form 1095 A, B or C
- ☐ State Refund from previous year 1099G
- ☐ State Disability Income 1099G
- ☐ Unemployment Wages 1099G
- ☐ Social Security SSA-1099
- ☐ Spouse Social Security SSA-1099
- ☐ Pension or Retirement Income 1099R
- ☐ Interest Income 1099INT
- ☐ Dividend and Investment Income 1099DIV and 1099B. Only year-end tax documents required.
- ☐ K-1 Form from Business or Trust
- ☐ Cancellation of Debt 1099C
- ☐ Abandonment of Property 1099A
- ☐ Mortgage Interest 1098. Amount$______________
- ☐ Mortgage Insurance Premium. Amount $________
- ☐ Real Estate and School Taxes. Amount$__________
- ☐ Medical Costs. Amount$________________
- ☐ Medical appointment mileage. # miles__________
- ☐ Donations by cash or check. Amount$___________
- ☐ Non-cash donations (ex. Clothing). Value$_______
- ☐ Mileage driven for charity work. # miles_________
- ☐ Volunteer First Responder. Station name: _______

____

- ☐ Tuition Statement 1098T. Tuition amount$_______

Books amount $___________

- ☐ Solar Energy or Geothermal system $___________
- ☐ Electric Vehicle or Motorcycle $________________

- ☐ Taxpayer is a teacher
- ☐ Spouse is a teacher
- ☐ Purchased a new home. Submit closing documents
- ☐ Did you contribute to an IRA. Amount $_________
- ☐ Do you plan to contribute to an IRA prior to April 15th? Amount$ ___________

Type of IRA ☐ Roth or ☐ Traditional

- ☐ Did you contribute to an Heath Savings Plan. Form 5498 SA. Amount $ ___________
- ☐ Did you withdraw from a Health Savings Plan. Form 1099 SA. Amount $ ______________
- ☐ Did you contribute to a NYS 529 Education Plan prior to December 31st? Amount? _____________
- ☐ Did you withdraw from a NYS 529 Education Plan prior to December 31st? Amount? _____________
- ☐ Did you have moving expenses related to the military? Amount $_________________
- ☐ Foreign income statements
- ☐ Sole Proprietor Income on 1099MISC forms

Estimated Tax Payments- Fill out below-

Federal:

April- $_____________ June-$_________________

Sept. $ _____________ January $______________

State:

April- $_____________ June-$_________________

Sept. $ _____________ January $______________

Local (if applicable):

April- $_____________ June-$_________________

Sept. $ _____________ January $______________