

PERSONAL INFORMATION

Filing (marital) status code (1=Single, 2=Married filing joint, 3=Married filing separate, 4=Head of household, 5=Qualifying widow(er)
 Mark if you were married but living apart all year

Taxpayer

Spouse

Social Security Number.....
 First Name.....
 Last Name.....
 Occupation.....
 Do you want \$3.00 to go to presidential campaign fund? (1=yes, 2=no)____
 Mark if dependent on another taxpayer.....
 Date of birth..... / /
 Date of death..... / /
 Work/daytime phone number.....

.....

 / /
 / /

EMAIL

PRESENT MAILING ADDRESS

ADDRESS.....
 Apartment number.....
 City.....
 State Postal Code.....
 Zip Code.....
 Home/evening phone number.....

CELLPHONE NUMBER.....
 In care of addressee.....

DEPENDENT INFORMATION

<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Social Security No.</u>	<u>Relationship</u>	<u>Months Lived in Your Home</u>	<u>Dep Codes</u> * **	<u>Care Expenses paid for dependent</u>

Name of child that lived with you but is not a dependent.....
 Social Security Number of qualifying person-

Dependent Codes

- *Basic**
- 1 = Child who lived with you
 - 2 = Child who did not live with you
 - 3 = Other dependent
 - 4 = Claimed under pre-1985 agreement
 - 5 = Qualifying child for Earned Income Credit only
 - 6 = Children who lived with you but do not qualify for Earned Income Credit
 - 7 = Children who lived with you but do not qualify for Child Tax Credit

- **Other**
- 1 = Student (Age 19-23)
 - 2 = Disabled dependent
 - 3 = Dependent who is both a student and disabled

QUESTIONS

Please check the appropriate box and include all necessary details.

You	Your Spouse
YES	NO

Personal Information

- Did your marital status change during the year?
- If yes, explain: _____
- Did your address change from last year?
- Can you be claimed as a dependent by another taxpayer?

Personal Information

- Were there any changes in dependents from the prior year?
- If yes, explain: _____
- Do you have any children under the age of 14 with unearned income in excess of \$1400?

Purchases, Sales and Debt Information

- Did you start a new business or purchase rental property during the year?
- Did you acquire a new or additional in a partnership or S corporation during the year?
- Did you sell, exchange or purchase any real estate during the year?
- Did you acquire or dispose of any stock during the year?
- Did you take out a home equity loan this year?
- Did you sell an existing business, rental or other property this year?

Income Information

- Did you have any foreign income or pay any foreign taxes during the year?
- Did you receive any income from property sold prior to this year?
- Did you receive any lump-sum payment from a person, profit sharing or 401(k) plan?
- Did you make any withdrawals from an IRA, Keogh, SIMPLE, or SEP account?
- Did you receive any disability income during the year?
- Did you cash any Series EE or I U.S. savings bonds issued after 1989?

Itemized Deduction Information

- Did you incur a casualty or theft loss during the year?
- Do you have evidence to substantiate charitable contributions of \$250 or more?
- Did you have an expense account or allowance during the year?
- Did you use your car on the job, for other than commuting?
- Did you work out of town for part of the year?
- Did you have any educational expenses during the year?
- Did you have any expenses related to seeking a new job during the year?

MISCELLANEOUS INFORMATION

Homeowners in CT, MI, MN & NJ - Information needed for Property Tax Credit

Michigan Residents - provide the 2019 tax table value from your Property Tax Statement: \$ _____
 Minnesota Residents - send Statement of Property Taxes Payable in 2001. This statement should be received by you in March.
 NJ Homeowners - provide Lot, Block & Qualifier number of Primary Residence: LOT: _____ BLOCK: _____ QUALIFIER: _____
 CT Residents - Need District, List Bill#, Date Paid and Amount Paid on Home and Auto

PROPERTY	DISTRICT	LIST or BILL#	DATE PAID	AMOUNT PAID
Home				
Auto 1				
Auto 2				

RENTERS CREDIT

If you rent at your Tax Address during the year 2019 and it is in IN, MA, MI, MN, NJ, WI, CA or a state with a renters credit, complete the following section. MN residents send us your Certificate of Rent Paid (CRP).

Landlord's Name:	Landlord's Address:
Is Heat Included in Rent? Yes No	Number of Months Rented:
Total Monthly Rent: \$	Your Portion of Monthly Rent: \$
Apartment Address:	

NJ Residents, do you have a roommate? If Yes, name and SS#:

NJ Roommate # of Months Rented: NJ Roommate Monthly Rent: \$

SCHEDULE C - GENERAL INFORMATION

Taxpayer/Spouse/Joint (T/S/J).....
 Principal business/profession.....

Additional Information

BUSINESS INCOME

Gross receipts or sales.....+
 Returns and allowances.....+
 Other Income:
 _____+
 _____+

Additional Information

COST OF GOODS SOLD

Beginning inventory.....+
 Purchases.....+
 Labor.....+
 Materials.....+
 Other Costs:
 _____+
 _____+
 Ending inventory.....+

Additional Information

SCHEDULE C - EXPENSES

Business principal or profession.....
 Advertising.....+
 Bad debts from sales or services.....+
 Car and truck expenses.....+
 Commissions and fees.....+
 Depletion.....+
 Employee benefit programs.....+
 Insurance (other than health).....+
 Interest:
 Mortgage (paid to banks, etc.).....+
 Other.....+
 Legal and professional services.....+
 Office expenses.....+
 Pension and profit sharing.....+
 Rent or lease:
 Vehicles, machinery, and equipment.....+
 Other business property.....+
 Repairs and maintenance.....+
 Supplies.....+
 Taxes and licenses:
 _____+
 _____+
 _____+
 Travel, meals and entertainment:
 Travel.....+
 Meals and entertainment.....+
 Utilities.....+
 Wages (Less employment credit).....+
 Other expenses:
 _____+
 _____+
 _____+
 _____+

Additional Information

HAVE YOU PURCHASED A NEW VEHICLE?

If yes, Date: ___/___/___ Price: _____
 County: _____ State: _____

Additional Information

SCHEDULE A - MEDICAL AND DENTAL EXPENSES

T/S/J Medical insurance premiums you paid: _____ + _____

 Miles driven for medical items..... _____
 Prescription medicines and drugs: _____
 _____ + _____
 Other, such as: Doctors, dentists, nurses Hospital and nursing homes
 Lab fees and X-rays Medical and surgical supplies
 Hearing aids, guide dogs Eyeglasses and contact lenses
 Insurance reimbursements received _____
 _____ + _____
 _____ + _____

Additional Information

SCHEDULE A - TAX EXPENSES

T/S/J State and local income taxes paid: _____ + _____

 Real estate taxes paid on: _____
 _____ + _____
 _____ + _____
 Personal property taxes..... _____

 Other taxes, such as: Intangible taxes State disability taxes
 _____ + _____
 _____ + _____

Additional Information

INTEREST EXPENSES

T/S/J Home mortgage interest
 From Form 1098 _____ + _____
 _____ + _____
 Other, such as: Home mortgage interest paid to individuals
 Enter name, address and social security number _____
 _____ + _____
 _____ + _____
 _____ + _____
 Investment interest _____
 _____ + _____
 _____ + _____
 Investment expenses _____
 _____ + _____
 _____ + _____

Additional Information

CHARITABLE CONTRIBUTIONS

T/S/J Contributions made by cash or check: _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 Noncash items, such as: Goodwill Salvation Army
 _____ + _____
 _____ + _____
 _____ + _____
 _____ + _____
 Miles driven for medical items..... _____

Additional Information

RENT AND ROYALTY PROPERTIES - GENERAL INFORMATION

Taxpayer/Spouse/Joint (T/S/J)..... _____
 Type of activity (1= Rental real estate, 2= Substantially non depreciable property, 3= Royalty)..... _____
 Percentage of ownership..... _____
 Dual percentage (Not vacation home percentage)..... _____
 Description: _____

 State Postal Code..... _____

Additional Information

PERSONAL USE INFORMATION

Number of days home was used personally..... _____
 Number of days home was rented..... _____
 Number of days home was owned..... _____
 Carryover of disallowed vacation home expenses.....+ _____

Additional Information

RENT AND ROYALTY INCOME

Gross rents received.....+ _____
 Gross royalties received.....+ _____

RENT AND ROYALTY EXPENSES

Advertising.....+ _____
 Auto and travel.....+ _____
 Cleaning and Maintenance.....+ _____
 Commissions.....+ _____
 Insurance.....+ _____
 Legal and professional fees.....+ _____
 Management fees.....+ _____
 Mortgage interest.....+ _____
 Other interest:
 _____+ _____
 _____+ _____
 Repairs.....+ _____
 Supplies.....+ _____
 Taxes:
 _____+ _____
 _____+ _____
 Utilities.....+ _____
 Depletion.....+ _____
 Other expenses:
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____
 _____+ _____

Additional Information

LIKE EXCHANGES, IF APPLICABLE (1031)

_____+ _____
 _____+ _____
 _____+ _____
 _____+ _____

STUDENT LOAN INTEREST PAID

Complete this section if you paid interest on a qualified student loan in 2019 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

Qualified student loan interest paid by taxpayer.....+ _____
 Qualified student loan interest paid by spouse.....+ _____
 State postal code.....+ _____

Additional Information

OTHER ADJUSTMENTS

Alimony Paid:

T/S/J	Recipient name	Recipient SSN	Information
_____	_____	_____	+ _____
_____	_____	_____	+ _____

Additional Information

	Information	Spouse
Self-employed health insurance premiums*.....+ _____	_____	+ _____
Self-employed long-term care premiums*.....+ _____	_____	+ _____
*Not entered elsewhere		
Penalty on early withdrawal of savings.....+ _____	_____	+ _____
Repayment of sub-pay.....+ _____	_____	+ _____

Form ID: 2441

CHILD AND DEPENDENT CARE EXPENSES

Please enter all amounts paid in 2019 for the care of one or more dependents which enables you to work or attend school. Enter the amount of dependent care expenses paid for each qualifying dependent on Organizer Form ID: 1040.

Name of provider..... _____
 Street address of provider..... _____
 City, state, and zip code..... _____
 Social Security number OR Employer identification number..... _____
 Mark if provider is a tax-exempt organization..... _____
 Amount paid to care provider in 2019.....+ _____

Additional Information

Name of provider..... _____
 Street address of provider..... _____
 City, state, and zip code..... _____
 Social Security number OR Employer identification number..... _____
 Mark if provider is a tax-exempt organization..... _____
 Amount paid to care provider in 2019.....+ _____

EDUCATION CREDIT

Complete this form if you paid qualified education expenses for higher education costs. Qualified education expenses include tuition and fees required for enrollment or attendance at an eligible educational institution.

TS	Student's first name	Student's last name	Student's SSN	Qualified expenses
_____	_____	_____	_____	+ _____
_____	_____	_____	_____	+ _____

Additional Information

Form ID: Sale

SALE INFORMATION

Description..... _____
 Taxpayer/Spouse/Joint (T/S/J)..... _____
 Date acquired..... ____/____/____
 Date sold..... ____/____/____
 Gross sales price or insurance proceeds received.....+ _____
 Cost or other basis.....+ _____
 Commissions and other expenses of sale.....+ _____
 Depreciation allowed or allowable.....+ _____

Additional Information

Control totals + _____

DIRECT DEPOSIT DIRECTIONS

If you would like to have your refund direct deposited into your checking or savings account, please do one of the following:

1. VOID or make an enlarged (150%) copy of one of your checks (OR)
2. Complete the form below by filling in your bank's name, routing number and account number.

The diagram shows a check with the following details:

- Payee: John Doe, Mary Doe, 1234 Main Street, Anytown, CA 99999
- Amount: 20 (with a line through it) and 1234 (with a line through it)
- Check number: 15 0000/0000
- Pay to the order of: \$ []
- Bank: Anytown Bank, Anytown, CA 99999
- Routing Number: I: 250250025 (circled)
- Account Number: I: 202020 (circled)
- Check number: 1234
- Callout: Do not include the check number

BANK OR CREDIT UNION NAME

ROUTING NUMBER (9 NUMBERS)

TYPE OF ACCOUNT: CHECKING SAVINGS

ACCOUNT NUMBER

Please print with an easy to read style... Thank you!!!

BRIAN PRZYSTUP & ASSOCIATES, LLC

Tax Consultants

Specializing in Aviation, Real Estate & Corporate

Go to www.BrianPrzystup.com to download newsletter

One Time Credit Card Payment Authorization Form & E-file Authorization

Sign and complete this form to authorize **Brian Przystup & Associates LLC** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Section 1:

Please complete the information below:

I _____ authorize **Brian Przystup & Associates LLC** to charge my credit card /debit card
(full name) account indicated below for \$ _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Section 2:

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Section 3:

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date ____/____/____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

By signing below You are confirming payment and authorizing Brian Przystup & Associates to do accounting services or Efile your tax return(s):

SIGNATURE: _____ DATE: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.