

Good Afternoon,

Welcome and thank you for choosing Brian's office. Here is the checklist of what you need, the attachment one is a tax organizer, please fill out as much as you can.

You have 3 ways for you to send us your information:

**E-mail :** bpa1040tax@yahoo.com

**Fax:** 305-379-1100

Our physical address: (for FEDEX, UPS, DHL packages)

**4885 NW 7th AVE**

**MIAMI, FL 33127**

### **List of things to send :**

#### **Income**

1. W-2 Statements and 1099 Statements for all jobs worked
2. 1099 Interest Income and Stock Dividend Statements
3. 1099 Retirement Statements
4. Income from Rental Property
5. Social Security Statements
6. Unemployment Statements
7. State Tax Over payment Statements
8. All IRA Statements

#### **Deductions**

1. Mortgage Statements and Real Estate Taxes Paid
2. Mortgage Insurance?
3. Summary of Medical Expenses
4. Total of all Charitable Contributions
5. Child Care Expenses including the Name, Address, and Social security or Federal ID Number of the person who was paid for childcare.
6. College Tuition and Fees (not room and board or books) paid and year the student was in last year (Form 1098-T)
7. Full Names and Social Security Number and Date of Birth for all Children and other Dependents
8. Student loan Interest Paid
9. Closing Statement if you bought or sold Real Estate
10. Statements showing the Original Cost Basis of any Securities Sold

11. Costs for Energy Saving Household Improvements: Windows, Doors, Insulation, Heating, A/C and Water Heaters. Not all expenditures qualify
12. If you have Business or Rental Property: Date and amount spent for any Equipment : computers, appliances, etc
13. Improvement costs for Rental Property.
14. Purchase of any big ticket items: Cars, Boats, Jewelry, Appliances, Electronics, Furniture, etc.
15. Any Purchase of a Hybrid Vehicle or the Purchase/Trade-in of any Business Related Vehicle.
16. Bank Account Information for Direct Deposit. Routing and Account Numbers

Thank you,

Office

**Brian Przystup & Associates**

4885 NW 7th AVE

MIAMI, FL 33127

Phone: (305)371-5131

Fax: (305)379-1100

## 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

[illegible]

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.

<b>You</b>	<b>Your Spouse</b>
<b>YES</b>	<b>NO</b>

### 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 2023 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 2023 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: \$

## WAGES AND SALARIES

Please enclose all copies of Form W-2

## INTEREST INCOME

Please attach copies of all Form 1099-INT or other statements reporting interest income.

## SELLER FINANCED MORTGAGE INTEREST INCOME

Please attach copies of all Form 1099-INT or other statements reporting interest income.

## DIVIDEND INCOME

Please attach copies of all Form 1099-DIV or other statements reporting interest income.

## SALES OF STOCKS, SECURITIES, AND OTHER INVESTMENT PROPERTY

Please enclose all Forms 1099-B and 1099-S.

## PENSION, ANNUITY, AND IRA DISTRIBUTIONS

Please attach all Forms 1099-R.

## GAMBLING WINNINGS

Please enclose all copies of Form W-2G.

## PARTNERSHIPS AND S CORPORATIONS

Please attach Schedule K-1s showing income from partnerships and S-corporations.

## ESTATES AND TRUSTS

Please attach copies of Schedule K-1s showing income from estates and trusts.

## OTHER INCOME

Please attach all Forms 1099 showing miscellaneous income.

State and local income tax refunds. ....	+	_____	+	_____
Alimony received. ....	+	_____	+	_____
Unemployed compensation. ....	+	_____	+	_____
Social Security benefits. ....	+	_____	+	_____
Railroad retirement benefits. ....	+	_____	+	_____
Medicare premiums to be reported on Schedule A. ....	+	_____	+	_____

Other income, such as: Commissions      Jury pay      Director fees      Taxable scholarships

Self-  
Employment  
Income?

T/S/J      1 = Yes    2 = No

\_\_\_\_\_ + \_\_\_\_\_  
\_\_\_\_\_ + \_\_\_\_\_

## FEDERAL ESTIMATED TAX PAYMENTS

2016 overpayment applied to 2013 estimates.....+

	Date Due	Date Paid If After Due Date	Amount Paid
1st quarter payment. ....	4/15/ 2023	_____	_____
2nd quarter payment. ....	6/15/ 2023	_____	_____
3rd quarter payment. ....	9/15/ 2023	_____	_____
4th quarter payment. ....	1/15/ 2024	_____	_____
Additional payment. ....	*****	_____	_____

## NOTES / QUESTIONS

## 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

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

#### Additional Information

## HAVE YOU PURCHASED A NEW VEHICLE?

If yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Price: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_



**SCHEDULE A - MEDICAL AND DENTAL EXPENSES**

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

**SCHEDULE A - TAX EXPENSES**

T/S/J	State and local income taxes paid:	_____	Additional Information
		+	
	Real estate taxes paid on:	_____	
		+	
		+	
	Personal property taxes.....	_____	
	Other taxes, such as: Intangible taxes	State disability taxes	
		+	
		+	

**INTEREST EXPENSES**

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

**CHARITABLE CONTRIBUTIONS**

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

## 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 spouse, or a person who was your dependent when you took out the loan.

education expenses for you,

qualified student loan interest paid by taxpayer.....+  
 qualified student loan interest paid by spouse.....+  
 the postal code.....

Additional Information

## OTHER ADJUSTMENTS

only Paid:

T/J Recipient name Recipient SSN  
 - .....+  
 - .....+

Informa

Taxpayer

-employed health insurance premiums\* .....+

-employed long-term care premiums\* .....+

\*Not entered elsewhere

ality on early withdrawal of savings.....+

ayment of sub-pay.....+

Additional Information

ID: 2441

## CHILD AND DEPENDENT CARE EXPENSES

Please enter all amounts paid in 2023 for the care of one or more dependents for the amount of dependent care expenses paid for each qualifying dependent

to work or attend school.  
 form ID: 1040.

Name of provider.....  
 street address of provider.....  
 , state, and zip code.....  
 Social Security number OR Employer identification number.....  
 k if provider is a tax-exempt organization.....  
 Amount paid to care provider in 2023.....+

Additional Information

Name of provider.....  
 street address of provider.....  
 , state, and zip code.....  
 Social Security number OR Employer identification number.....  
 k if provider is a tax-exempt organization.....  
 Amount paid to care provider in 2023.....+

## EDUCATION CREDIT

Complete this form if you paid qualified education expenses for higher education. Qualified education expenses include tuition and fees required for enrollment.

eligible educational institution.

Student's first name Student's last name Student's SSN

Additional Information

ID: Sale

## SALE INFORMATION

Description.....  
 Taxpayer/Spouse/Joint (T/S/J).....  
 date acquired.....  
 date sold.....  
 sales price or insurance proceeds received.....+  
 or other basis.....+  
 commissions and other expenses of sale.....+  
 depreciation allowed or allowable.....+

Additional Information

total 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.

<b>John Doe</b> <b>Mary Doe</b> <b>1234 Main Street</b> <b>Anytown, CA 99999</b>	<u>20</u>	1234 15/0000/0000
<b>PAY TO THE ORDER OF</b>		\$ <input type="text"/>
		<b>DOLLARS</b>
<b>Anytown Bank</b> <b>Anytown, CA 99999</b>	<b>Routing Number</b>	<b>Account Number</b>
<b>For</b>		<b>Do not include the check number</b>
I: <b>250250025</b>	I: <b>202020</b>	1234

**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](http://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.

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(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) \_\_\_\_\_

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# CORPORATION INCOME & EXPENSES

<b>Income ( Gross income)</b>	<b>=</b>	
Cost of Goods Sold	=	
Cost of labor	=	

Corporation Name : \_\_\_\_\_

Business bank account balance as 01/01/18: \_\_\_\_\_

Business bank account balance as 12/31/18: \_\_\_\_\_

## Corporation Deductions

Accounting		Miscellaneous	
Automobile & Truck expenses		Office expense	
Bad debts		Outside services and contractors	
Bank charges		Parking fees and tolls	
Cash short/over		Postage/ shipping	
Cell phone		Printing	
Clean fuel vehicle deduction		Recruiting	
commissions		Repairs and maintenance	
Computer		Rents	
Consulting		Retirements plans, etc	
Credit and collection costs		Salaries and wages to non-shareholders	
Delivery		Salaries and wages to shareholders	
Depreciation (form 4562)		Sales	
Depreciation claimed elsewhere on return		Security	
Depletion (do not deduct oil and gas depletion)		Software	
Discounts		Supplies	
Dues and Subscriptions		Taxes and Licenses	
Education and training		1 State and income taxes	
Employee benefit programs		2 State franchise taxes	
Equipment rental/lease		3 City income taxes	
Freight		4 City franchise taxes	
Fuel		5 Local property taxes	
Gifts		6 Intangible property taxes	
Guaranteed payments to partners		7 Payroll taxes	
Partner's health insurance		8 Credit from for 8846	
Independent contractor		9 Foreign taxes paid	
<b>Insurance</b> (enter total if not using detail below)		10 Occupancy taxes	
Building and equipment		11 Other miscellaneous taxes	
Liability		12 Licenses	
Other insurance		Telephone	
Worker's compensation		Tools	
Interest expense		Travel	
Internet		Uniforms	
Janitorial		Utilities	
Laundry and cleaning		Waste removal	
Legal and professional		Other deductions (itemize)	
Marketing			
Meals and entertainment 50% limit			
Meals and entertainment 80% limit			
Meals and entertainment 100% allowed			

Signature : \_\_\_\_\_ Date: \_\_\_\_\_



# SCHEDULE E (used also for Corporation FORM 8825 with Rental properties) : INCOME OR LOSS FROM RENTAL REAL ESTATE

	Physical address of each property (street, city,state, ZIP code)
A	
B	
C	
D	
E	

	Fair Rental Days	Personal Use Days
A		
B		
C		
D		
E		

	if it is the first year we are doing your taxes or if you sold the property :		
	Date purchased	Dated sold	Cost Basis
A			
B			
C			
D			
E			

		A	B	C	D	E
1	Total Rental Income ( 12 months)					
	<u>EXPENSES : ( totals for 12 months)</u>					
1	Advertising					
2	Auto and travel					
3	Cleaning and Maintenance					
4	Commissions					
5	Insurance					
6	Legal and other					
7	Management fees					
8	Mortgage interest					
9	Repairs					
10	Supplies					
11	Taxes					
12	Utilities					
13	HOA					
14	Other :					
15						
16						
17						