

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.

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 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/ 2025	_____	_____
2nd quarter payment.	6/15/ 2025	_____	_____
3rd quarter payment.	9/15/ 2025	_____	_____
4th quarter payment.	1/15/ 2025	_____	_____
Additional payment.	*****	_____	_____

NOTES / QUESTIONS

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 2024 for yourself, your 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.....+
 total paid.....

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

Ally on early withdrawal of savings.....+ _____

Payment 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.....
 Is provider a tax-exempt organization.....
 Amount paid to care provider in 2023.....+ _____

Name of provider.....
 street address of provider.....
 , state, and zip code.....
 Social Security number OR Employer identification number.....
 Is provider a tax-exempt organization.....
 Amount paid to care provider in 2024.....+ _____

Additional Information

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.

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

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.

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_____.
(description of goods/services)

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City, State, Zip _____ Email _____

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Cardholder Name _____

Account Number _____

Expiration Date ____/____/____

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CORPORATION INCOME & EXPENSES

Income (Gross income)	=	
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	
Insurance (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						