B&J TRAVEL CORP FORMULARIO PARA ORGANIZACION DE CLIENTE

Declaration Year: _____ Año de Declaracion: _____

◯ **Single** (Soltero(a)) ◯ **Head of Household** (Cabeza de Familia)

◯ **Married Joint** (Casados llenando) ◯ **Married Separate** (Casados, llenando separados)

◯ **Widowed** (Viudo(a))

If filling widowed, date of death (Si llena viudo, fecha de defuncion): _____/_____/_____

Which Tax forms will you be filing? (Quales formularios de impuestos depresentación)

◯ **W2** ◯ **1099 Misc.** ◯ **1099 NEC** ◯ **Account Statements** (Estado de Cuenta) ◯ **Other** (Otro)

Last Name (Apellido): _____ **First Name** (Nombre): _____
S.S.#: _____/_____/_____ **Date of Birth** (Fecha de nacimiento): _____/_____/_____
Occupation: _____

If Married, enter Spouse Info (Si llena casado(a), datos de esposo(a):

Last Name (Apellido): _____ **First Name** (Nombre): _____
S.S.#: _____/_____/_____ **Date of Birth** (Fecha de nacimiento): _____/_____/_____
Occupation: _____

Contact Information (Informacion de Contacto):

Address (Direccion):_____
City (Ciudad): _____**State** (Estado): _____ **Zip** (Codigo postal): _____
Phone Number (Numero de teléfono): _____
Email (correo electrónico): _____

Did you have Health Insurance during the declared year? ¿Tuviste Seguro de Salud durante el año declarado? ◯ Yes ◯ No

Total Expenses for the year (Gastos totales del año): _____

Were you or your spouse a member of the U.S. Armed Forces? ¿Usted o su cónyuge fueron miembros de las Fuerzas Armadas de los EE. UU.?
◯ Yes ◯ No

Expenses Declaration (Declaración de gastos): ◯ Schedule C ◯ 1099 ◯ Schedule A

Do you have records, books, business licenses to support income expenses? ¿Tiene registros, libros, licencias comerciales para respaldar los gastos de ingresos?
◯ Yes ◯ No

B&J TRAVEL CORP FORMULARIO PARA ORGANIZACION DE CLIENTE

Dependents Information

1. Last Name (Apellido): _____ First Name (Nombre): _____
   S.S.#: _____/_____/_____ Date of Birth (Fecha de nacimiento): _____/_____/_____
   Relationship (Relaccion) : _____
2. Last Name (Apellido): _____ First Name (Nombre): _____
   S.S.#: _____/_____/_____ Date of Birth (Fecha de nacimiento): _____/_____/_____
   Relationship (Relaccion) : _____
3. Last Name (Apellido): _____ First Name (Nombre): _____
   S.S.#: _____/_____/_____ Date of Birth (Fecha de nacimiento): _____/_____/_____
   Relationship (Relaccion) : _____
4. Last Name (Apellido): _____ First Name (Nombre): _____
   S.S.#: _____/_____/_____ Date of Birth (Fecha de nacimiento): _____/_____/_____
   Relationship (Relaccion) : _____
5. Last Name (Apellido): _____ First Name (Nombre): _____
   S.S.#: _____/_____/_____ Date of Birth (Fecha de nacimiento): _____/_____/_____
   Relationship (Relaccion) : _____

Name and Address of Child Care Provider (Nombre y dirección del proveedor de cuidado infantile):
_____

Preparer's Due Diligence – Qualifying Child Assistance

Age – Qualifying Child (complete this section only if qualifying child is over the age of 18)

(complete esta sección solo si el hijo/hija calificado(a) es mayor de 18 años)

1. **Was any child a student during the declared year?** ¿Algún niño fue estudiante durante el año declarado? ◯ Yes ◯ No

a. **Can you provide documentation proving the child was a full time student for the last 5 months?** ¿Puede proporcionar documentación que demuestre que el niño fue un estudiante de tiempo completo durante los últimos 5 meses? ◯ Yes ◯ No

2. **Are any children permanently disabled?** ¿Alguno de los niños tiene una discapacidad permanente? ◯ Yes ◯ No

a. **What type of disability does the child have?** ¿Qué tipo de discapacidad tiene el niño?
_____

b. **Does the child receive SSI or other disability payments?** ¿Recibe el niño SSI u otros pagos por discapacidad? ◯ Yes ◯ No

c. **Do you have a letter from the child's doctor, health care provider, or social service program agency verifying that the child is permanently disabled?** ¿Tiene una carta del médico, proveedor de atención médica o agencia del programa de servicios sociales del niño que verifique que el niño tiene una discapacidad permanente? ◯ Yes ◯ No

B&J TRAVEL CORP FORMULARIO PARA ORGANIZACION DE CLIENTE

Relationship – Qualifying Child (Niño calificado)

1.	**Are you the biological parent?** ¿Eres el padre biológico?	◯ Yes	◯ No
2.	**Adopted Children** (Niño adoptado)**:**		
a.	**Is the adoption final?** ¿La adopción es definitiva?	◯ Yes	◯ No
b.	**If the adoption is pending, do you have a letter from the authorized adoption agency?** Si la adopción está pendiente, ¿tiene una carta de la agencia de adopción autorizada?	◯ Yes	◯ No
3.	**Foster Children:**		
a.	**Do you have a letter from the authorized placement agency or applicable court document?** ¿Tiene una carta de la agencia de colocación autorizada o un documento judicial aplicable?	◯ Yes	◯ No
4.	**Brother, Sister, Niece, Nephew, Grandchild or Great Grandchild:**		
a.	**Can you provide birth certificate that confirms your relationship to the child?** ¿Puede proporcionar un certificado de nacimiento que confirme su relación con el niño?	◯ Yes	◯ No
5.	**Stepchildren or descendent of them, step-grandchildren, step-great-grandchildren:**		
a.	**Can you provide a birth certificate & marriage certificate confirming your relationship to the child?** ¿Puede proporcionar un certificado de nacimiento y un certificado de matrimonio que confirme su relación con el niño?	◯ Yes	◯ No

Preparers Due Diligence – Head of Household:

Filing Status – Head of Household

The IRS could require additional information and/or documentation if the tax payer is divorced, legally separated or married and did not reside with his/her souse at least 6 months of the year to determine if the taxpayer qualifies.

Does anyone else live in the same household? ¿Alguien más vive en el mismo hogar?	◯ Yes	◯ No
If yes, does that person file as head of household? En caso afirmativo, ¿esa persona se presenta como cabeza de familia?	◯ Yes	◯ No
We need a letter from the Landlord of the person who rents the room. Necesitamos una carta del Propietario de la persona que alquila la habitación.		
Did the taxpayer receive any nontaxable support/income? ¿Recibió el contribuyente algún apoyo/ingreso no sujeto a impuestos?	◯ Yes	◯ No
Family support, Food stamps, Housing assistance, Child assistance		

How do you want to receive your Refund? ¿Cómo quieres recibir tu Reembolso?

◯ **Direct Deposit** Deposito Directo
◯ **Bank Product** Producto de Banco
Bank Name Nombre de Banco: _____
Routing Number Numero de Ruta: _____
Account Number Numero de cuenta: _____

B&J TRAVEL CORP FORMULARIO PARA ORGANIZACION DE CLIENTE

Print: _____ **Signature:** _____
Date: _____/_____/_____

Schedule C – Profit or Loss from Business

Part II – Expenses

Car and truck Coche y camion: _____

Contract Labor Contrato laboral: _____

Insurance Seguro: _____

Mortgage Interest Intereses hipotecarios: _____

Legal and Professional services Servicios legales y profesionales: _____

Pensions and profit-sharing Pensiones y participación en los beneficios: _____

Repairs and maintenance Reparaciones y mantenimiento: _____

Taxes and licenses Impuestos y licencias: _____

Meals Comidas: _____

Other Expenses Otros gastos: _____

_____ _____

_____ _____

Part IV – Information on Vehicle

Garage rent Alquiler de garaje:	_____	**Property tax** Impuesto a la propiedad:	_____
Gas Gasolina:	_____	**Repairs** Refacción:	_____
Insurance Seguro:	_____	**Tires** Llantas:	_____
Licenses Licencias:	_____	**Tolls** Peajes:	_____
Oil Aceite:	_____	**Other Expenses** Otros gastos:	_____
Parking fees Tarifas de estacionamiento:	_____	_____:	_____
Rental fees Tarifas de alquiler:	_____	_____:	_____
Interest Interés:	_____	_____:	_____

B&J TRAVEL CORP FORMULARIO PARA ORGANIZACION DE CLIENTE

Thank you for choosing B and J Tax Services to assist you with your **2023** taxes. This form confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your **2023** federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates and are non-refundable.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your **2023** tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this form correctly summarizes your understanding of the arrangements for this work, sign below in the space indicated.

Thank you for the opportunity to be of service. If you have any questions, contact our office at 646-404-5550.

Sincerely,

Josefina Martinez
B and J Tax Services

(Both spouses must sign for preparation of joint returns.)

Accepted By:

_____

Taxpayer

B&J TRAVEL CORP FORMULARIO PARA ORGANIZACION DE CLIENTE

_____

Spouse

_____

Date