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2020

INCOME TAX ORGANIZER

MAIL IN YOUR INFORMATION OR CALL FOR AN APPOINTMENT

Dear Client,

We know one of your top priorities is paying less tax. This is best achieved by comprehensive tax planning and analysis. This organizer has been designed to help you gather tax information needed to prepare your personal income tax return.

You may mail in or drop off your tax documents. If we have any questions, we will contact you by email or phone. An in-person appointment is not needed to have your taxes prepared. If you wish to have an appointment, we ask you call our office to schedule an appointment. We offer online teleconference (like Zoom) or in-person appointments. **At least one week prior to your appointment, please mail in or drop off your tax documents.** This will allow us time to enter your tax information so we can focus on analyzing your return to develop the best tax strategy for you. This will assist us in meeting your goal of paying less tax.

In order to prepare the most accurate tax return possible, please answer all applicable questions, complete those items which pertain to your particular tax situation, attach a separate sheet when necessary for additional information, and provide all pertinent tax documents (i.e. forms W-2, 1099, brokerage statements, mortgage interest, real estate tax, K-1, Form 1095-A, etc.).

New for 2020, see the “COVID 19 Information” and “Must Answer Questions” section in this Income Tax Organizer. If you do not provide the information requested, we will be unable to complete your tax return.

Your complete tax information must be received by our office no later than Friday, April 4th, or we will have to file an extension for you. If you would like an appointment, please call our office. Please note, **no appointments will be available after April 4th.**

Thank you. We look forward to serving you.

Nardi & Associates, LLC

COVID-19 Information

Stimulus Payments – Both Rounds:

If you received a COVID Stimulus Payment in 2020, please provide the ACTUAL AMOUNT of your payment and the (approximate) date received.

ROUND ONE: Date Received: _____ Stimulus Payment Amount \$ _____

ROUND TWO: Date Received: _____ Stimulus Payment Amount \$ _____

Federal & State Unemployment Benefits:

Although the State of New Jersey does not tax Unemployment Insurance Benefits, UNEMPLOYMENT is subject to federal income taxes. In addition to NJ Unemployment, you may have received an additional payment of \$600 from Federal Unemployment which is taxable as well. Please make sure the Form(s) 1099-G you receive includes both the Federal and State Unemployment. Also, Family Leave Benefit Payments are provided on Form 1099-G. You must obtain your Form 1099-G online through the NJ State Links:

UNEMPLOYMENT BENEFITS:

<https://www.myunemployment.nj.gov/before/about/howtoapply/taxes.shtml>

FAMILY LEAVE BENEFITS:

<https://www.myleavebenefits.nj.gov/help/taxforms.shtml>

(without the Form 1099-G, we cannot complete the preparation of your tax return)

COVID Retirement Account Distributions or Loans:

Did you take out any Retirement Account Distributions? \$ _____.

If **YES**, provide us with the **Form 1099-R**.

Do you plan on repaying any portion of this over the next three years?

Did you repay any portion in the year **2020**?

If **YES**, how much was repaid? \$ _____.

Provide us with a copy of your retirement account statement showing the repayment.

COVID Business/Self Employed Payroll Protection Program (PPP) Questions: **YES** **NO**

Did you receive a Paycheck Protection Program (PPP) loan? \$ _____

If yes, did you apply for Paycheck Protection Program (PPP) loan forgiveness?

Did you receive a EIDL Advance? If YES, how much? \$ _____

Did you receive a EIDL Loan? If YES, how much? \$ _____

2020

INCOME TAX ORGANIZER

Self

Disabled

Blind

Name

Occupation

Social Security #

Email Address

Date of Birth

Home Phone #

Work Phone #

Cell Phone #

Spouse

Disabled

Blind

Name

Occupation

Social Security #

Email Address

Date of Birth

Home Phone #

Work Phone #

Cell Phone #

Present Address

Street Address

City, State

County / Zip Code

Did you move last year?

_____ If yes, date moved: _____

YOUR TAX RETURN WILL BE DELIVERED TO YOUR EMAIL AS A PDF

To the best of my (our) knowledge, the enclosed information is correct and includes all income, deductions and other information necessary for the preparation of this year's income tax returns for which I (we) have adequate contemporaneous records.

Signature of Taxpayer

Date

Signature of Spouse

Date

IF YOU HAVE A FEDERAL OR STATE REFUND DUE, A DIRECT DEPOSIT BY THE IRS AND STATE IS AVAILABLE

DIRECT DEPOSIT TO: (CIRCLE ONE) **CHECKING** **SAVINGS**

BANK ROUTING NO.: _____ ACCOUNT NO.: _____

NAME OF BANK: _____

I authorize the IRS and the State Division of Taxation to discuss my return and enclosures with my tax preparer. (Please check the box, if authorizing.)

Questions for my accountant:

MUST ANSWER QUESTIONS

1 Was your ENTIRE family covered for the FULL year with health insurance? YES ___ NO ___

Please provide Form 1095-A, 1095-B or 1095-C to this office .

2 Did you receive a distribution from, or were you a grantor or transferor for a foreign trust? YES ___ NO ___

3 Did you have a financial interest in or signature authority over a financial account such as a bank account, securities account, or brokerage account, located in a foreign country? YES ___ NO ___

4 Do you have foreign financial accounts or financial assets, or hold interest in a foreign entity? YES ___ NO ___

5 Did you have any foreign income or pay any foreign taxes during the year? YES ___ NO ___

6 Did you receive an Identity Protection PIN from the IRS or were you a victim of identity theft? YES ___ NO ___

If yes, please provide us with a copy of the IRS letter.

7 Did you start a new business or purchase rental property during the year? YES ___ NO ___

8 Did you acquire a new or additional interest in a partnership or S corporation? YES ___ NO ___

9 Did you sell, exchange, or purchase any real estate during the year? YES ___ NO ___

10 Did you purchase or sell a principal residence during the year? YES ___ NO ___

11 Did you receive correspondence from the State or the IRS? YES ___ NO ___

If yes, please provide us with a copy.

12 Did you have any debts cancelled or forgiven this year? YES ___ NO ___

13 Did you receive any unemployment benefits during the year? YES ___ NO ___

14 Did you make any gifts of more than \$15,000 to any individual? YES ___ NO ___

15 Do you want to designate \$3 to the Presidential Election Campaign Fund? YES ___ NO ___

If yes, it will not change your tax or reduce your refund.

16 Did you purchase a qualified plug-in electric vehicle or fuel cell vehicle this year? YES ___ NO ___

If yes, please provide copy of car invoice.

GENERAL INFORMATION

DEPENDENTS

NAME (Last name if different)	Date of Birth	Social Security #	Relationship	Dependent's Income for Year	College Student Fresh, Soph, Jr, Sr
				\$	
				\$	
				\$	
				\$	
				\$	

EDUCATION CREDITS (Please include Form 1099-T)

Student's Name	Year of College	Cost of Tuition & Fees	Cost of Computer & Books (not room & board)
		\$	\$
		\$	\$
		\$	\$
		\$	\$

INDIVIDUAL RETIREMENT ACCOUNTS (IRA & ROTH)

	Taxpayer Amount	Spouse Amount
Contribution to IRA	\$	\$
Contribution to ROTH IRA	\$	\$
Rollover to IRA	\$	\$
Rollover to ROTH IRA	\$	\$
SEP/UNI-K/SOLO 401K Contributions	\$	\$

Did you pay your Federal or state income tax estimates?

Circle one: YES NO

ESTIMATED TAX PAYMENTS YOU MADE

		FEDERAL		STATE		
Due Date	Date Paid	Check #	Amount Paid	Date Paid	Check #	Amount Paid
4/15/2020			\$			\$
6/15/2020			\$			\$
9/15/2020			\$			\$
1/15/2021			\$			\$

INCOME

Please enclose ALL Forms i.e.: W-2, W-2P, W-2G, 1098, 1099 etc

Total Amount	Items of Income	# of Forms Enclosed
\$	Your Wage Forms	
\$	Your Spouse's Wage Forms	
\$	State Income Tax Refund from Prior Year	
\$	State Tax Rebate (NJ PTR - Senior Freeze)	
\$	Gambling Winnings (Include Form 1099-G)	
\$	Social Security You Received	
\$	Social Security Your Spouse Received	
\$	Pension You Received (IRA, Company, etc.)	
\$	Pension Your Spouse Received	
\$	Alimony Received	
\$	Partnerships / S Corps / Estates & Trust (Form K-1)	
\$	Unemployment You Received	
\$	Unemployment Your Spouse Received	
\$	Other Income (Enclose Forms or Explain)	

INTEREST EARNED

Total Amount	Name of Bank/Institution	Amount Tax Exempt
\$		
\$		
\$		
\$		
\$		
\$	Privately Held Mortgage Interest Income	Received From: (Need Name, Address, SSN)

DIVIDENDS RECEIVED

Total Amount	Name of Company/Institution	Tax Exempt Amount
\$		
\$		
\$		
\$		
\$		
\$		

Please enclose ALL 1099 documents

DEDUCTIONS

YOU MUST KEEP SUFFICIENT EVIDENCE TO SUPPORT THE DEDUCTIONS CLAIMED

MEDICAL EXPENSES YOU PAID	
\$	Doctors, dentist, nurses, etc.
\$	Eyeglasses
\$	Medical Insurance You Paid
\$	Long Term Care Ins. Premium
\$	Medicare you Paid
\$	Prescription Medication
\$	Cost of Other Medical Aids
\$	Travel Costs (tolls/parking)
#	Miles Traveled for Medical Purposes

CONTRIBUTIONS YOU MADE	
\$	Church
\$	Charities
#	Miles Traveled for Volunteer Charitable Purposes
Non-cash contributions i.e. clothing, household items	
Organization Name:	
	Type of Item(s)
\$	Your Cost
\$	Market Value
	Date Acquired
	Date Donated

PROPERTY TAXES PAID OUT	
\$	Primary Residence: Block# Lot#
\$	Secondary/Other Residence

CHILD CARE PAID OUT	
Child's Name	Amount Paid
	\$
	\$
Name Paid to:	
Must have child care facility Federal Tax I.D. #	

INTEREST PAID OUT	
\$	1st Mortgage Interest Paid
\$	2nd Mortgage Interest Paid
\$	Home Equity Interest
\$	Privately Held Mortgage Interest Paid
\$	Investment Interest/ Margin Interest
\$	Student Loan Interest (Form 1098-E)

MISCELLANEOUS	
\$	Tax Prep Fees
\$	School Teacher Supplies
\$	Gambling losses (not more than winnings)
\$	Moving Expenses (Armed Forces Only)
\$	Expenses - Reservists, Artists, Govt Officials

ALIMONY PAID/RECEIVED	
\$	Amount paid/received (circle one)
Name Paid to/Received from:	
Social Security #:	

ENERGY CREDITS	
Energy Efficient - some must qualify for Energy Star** program	
\$	Solar Electric - Solar Water Heating
\$	Small Wind Energy - Geothermal Heat Pump
\$	Fuel Cell / Electric PLUG IN CAR
\$	Exterior Doors/Windows/Roof/Furnance/Boiler**

SALES TAX DEDUCTION	
Enter Sales Tax Amount from Invoice	
\$	New Car (Purchase or Lease?)
\$	New Boat
\$	Home Improvement Materials

SALE OF STOCKS, SECURITIES & OTHER INVESTMENT PROPERTY

ALL INFORMATION IS REQUIRED - Enclose all Buy & Sell confirmations and year end broker statements (Form 1099B/1099S)

Description Name and # of Shares	Date Purchased	Purchase Price (Cost Basis)	Date Sold	Total Net Sale Price
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

RENTAL PROPERTIES

	Property #1	Property #2	Property #3
Rental Property Address			
RENTAL INCOME	\$	\$	\$
Advertising	\$	\$	\$
Auto Expense	\$	\$	\$
Cleaning/Maintenance	\$	\$	\$
Commissions	\$	\$	\$
Insurance	\$	\$	\$
Legal/Professional Fees	\$	\$	\$
Mortgage Interest	\$	\$	\$
Property Taxes	\$	\$	\$
Repairs	\$	\$	\$
Supplies	\$	\$	\$
Utilities	\$	\$	\$
Other Expenses: _____	\$	\$	\$
Other Expenses: _____	\$	\$	\$
Improvement #1 (Date/Type)	\$	\$	\$
Improvement #2 (Date/Type)	\$	\$	\$

SELF-EMPLOYED BUSINESS

Owner _____

Trade Name _____

Address _____

Type of Business _____

Income/Sales	\$	Rental Equipment	\$
Materials or Merchandise	\$	Repairs & Maintenance	\$
Advertising	\$	Supplies	\$
Auto Expense (fill out form below)	\$	Taxes	\$
Commissions	\$	Travel	\$
Bank Charges	\$	Meals***	\$
Business Insurance	\$	Utilities & Telephone	\$
Interest Expense	\$	Wages Paid to Employees	\$
Legal/Professional Fees	\$	Other Expenses: _____	\$
Office Expense	\$	Other Expenses: _____	\$
Rent	\$	Other Expenses: _____	\$
*** Please Note: Tax Law Change: ENTERTAINMENT is no longer tax deductible - - No theater or sporting events tickets			
New Equipment (Date/Type)	\$	Cost of Year End Inventory	\$

AUTOMOBILE EXPENSE (FOR EMPLOYEES & SELF EMPLOYED)

Travel Expense		Automobile Expense (Standard Mileage)		Automobile Expense (Actual Expenses)	
Air Fare	\$	Total Mileage Jan-Dec		Gas & Oil	\$
Auto Rental	\$	Business Mileage Jan-Dec		Insurance	\$
Car Wash	\$			Licenses/Parking	\$
Parking	\$	Commuting Mileage		Repairs	\$
Tolls	\$	Business Use %		Tires	\$
Meals***	\$	Written Records	Yes / No	Lease Payments	\$
Postage	\$	Is there another car?	Yes / No	Other (describe)	\$
Other (describe)	\$	Does employer provide car?	Yes / No		\$

Standard OR Actual	Standard Mileage:	Actual Expenses
If you use your car for business purposes, you ordinarily can deduct car expenses. You may only use one of the two following methods to figure your deductible expenses:	Multiply the business mileage from Jan 1st to Dec 31st by .575 cents. You will not be able to claim depreciation under the standard mileage rate.	In addition to the expenses listed above, you may deduct depreciation and other actual expenses incurred for the automobile. Please provide the following for a new vehicle: Purchase Price _____, Make/Model _____, Date of purchase _____

MOVING EXPENSES - FOR TAX YEAR 2020 ONLY MEMBERS OF ARMED FORCES

Complete this section if you moved to a new home and are a member of the Armed Forces

Description of move _____

Mark if the move was due to service in the Armed Forces

If not Armed Forces, no deduction.

Mark if move is outside United States or its possessions

Who moved? (Taxpayer, Spouse, Both)

Number of miles from old home to new workplace

Number of miles from old home to old workplace

Transportation and storage expenses

Travel and lodging (not including meals)

Total amount reimbursed for moving expenses

NEW JERSEY GENERAL INFORMATION

Did you own a home with someone other than your spouse? If yes, please fill out the information below.

Street Address

City

Homeowner Information	
Your Share of Property Owned	%
Total Property Taxes paid	\$
NJ Veteran - If first time applicant - Complete form with DD-214	

Renter Information	
Days as Tenant	#
Total Rent Paid	\$
Your Share of Rent Paid	\$

NEW YORK GENERAL INFORMATION

	Employer #1	Employer #2	Please fill out this information for each employer that is based in New York if you are a nonresident or part-year resident of New York.
Name of employer			
a. Total days worked for employer in 2020 (if entire year, 365 days)			
b. # of days in 2020 worked outside NYS including days worked from home			
c. # of days in 2020 worked at home (included in line b. above.)			
d. Saturdays and Sundays (not worked)			
e. Holidays (not worked)			
f. Sick leave			
g. Vacation			
h. Other nonworking days			

PART-YEAR RESIDENT INFORMATION

OLD STATE

NEW STATE

States of residency:		
Dates From:	1/1/2020	/ /2020
Dates To:	/ /2020	12/31/2020