### NARDI & ASSOCIATES, LLC

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2022

### **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 ZOOM teleconference or in-person appointments.

# At least one week prior to your appointment, please MAIL IN or DROP OFF or request a DROPBOX invite for electronic upload of your tax documents.

By providing your documents in advance, 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 2022, see the "Unemployment Benefits", "COVID IRA Question", and "Must Answer Questions" section in this Income Tax Organizer. YOU MUST COMPLETE THESE SECTIONS OF THE TAX ORGANIZER.

Your complete tax information must be received by our office no later than Saturday, April 1st, 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 1st.

Thank you. We look forward to serving you.

Nardi & Associates, LLC

## **Federal & State Unemployment Benefits:**

## CHECK YOUR EMAIL - NJ DOL will email you a Form 1099-G in January

Although the State of New Jersey does not tax Unemployment Insurance Benefits, UNEMPLOYMENT is subject to federal income taxes. 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 BENEFTS:**

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 and Repayments:**

2020 COVID IRA Distributions were granted up to \$100,000 election to pay the tax over 3 years or repay the IRA distribution before 12/31/2022.

If you took a 2020 COVID IRA distribution, do you plan on repaying any portion of this over the three years (2020-2022)?

Did you repay any portion in the year 2022?

If **YES**, how much was repaid?

\$		
(1,		

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

## 

	Self	
Disabled  Name Occupation Social Security # Email Address Date of Birth Home Phone # Work Phone # Cell Phone #	Blind □	*Required for E-SIGN
	Spouse	
Disabled □  Name Occupation Social Security # Email Address Date of Birth Home Phone # Work Phone # Cell Phone #	Blind	*Required for E-SIGN
	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	R EMAIL AS A PDF
To the best of my (our) knowledge, the	enclosed information is correct and include on of this year's income tax returns for whice	es all income, deductions and other
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** YES \_\_\_\_ NO \_\_\_\_ 1 Was your ENTIRE family covered for the FULL year with health insurance? Please provide Form 1095-A, 1095-B or 1095-C to this office. 2 Do you have foreign financial accounts or financial assets, or hold interest in a foreign entity? YES \_\_\_\_ NO \_\_\_ YES \_\_\_\_ NO \_\_\_\_ 3 Did you have any foreign income or pay any foreign taxes during the year? YES NO 4 Did you receive an Identity Protection PIN from the IRS or were you a victim of identity theft? If yes, please provide us with a copy of the IRS letter. YES NO 5 Did you start a new business or purchase rental property during the year? YES \_\_\_\_ NO \_\_\_\_ 6 Did you acquire a new or additional interest in a partnership or S corporation? YES \_\_\_\_ NO \_\_\_\_ 7 Did you sell, exchange, or purchase any real estate during the year? 8 Did you purchase or sell a principal residence during the year? YES \_\_\_\_ NO \_\_\_\_ 9 Did you receive correspondence from the State or the IRS? If yes, please provide. YES \_\_\_\_ NO \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ 10 Did you have any cryptocurrency transactions during the year? Provide IRS Form 8949 YES \_\_\_\_ NO \_\_\_\_ 11 Did you have any debts cancelled or forgiven this year? YES \_\_\_ NO \_\_\_\_ 12 Did you receive any unemployment benefits during the year? YES \_\_\_\_ NO \_\_\_\_ 13 Did you make any gifts of more than \$16,000 to any individual? YES NO 14 Do you want to designate \$3 to the Presidential Election Campaign Fund? If yes, it will not change your tax or reduce your refund.

YES \_\_\_\_ NO \_\_\_\_

15 Did you purchase a qualified plug-in electric vehicle or fuel cell vehicle this year?

If yes, please provide copy of car invoice including VIN#

## **GENERAL INFORMATION**

	DEPENDENTS				
NAME	Date of Birth	Social Security #	Relationship	Dependent's	College Student
(Last name if different)				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
4/15/2022			\$			\$
6/15/2022			\$			\$
9/15/2022			\$			\$
1/15/2023			\$			\$

|--|

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

MEDIC	AL 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	Miles Traveled for Volunteer Charitable Purposes		
Non-ca	sh 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					

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)			

ALIMONY - Date of Divorce//			
\$ Amount paid/received (circle one)			
Name Paid to/Received from:			
Social Security #:			

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

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

MISCELLANEOUS					
\$	Teacher Deduction: Educator K-12 Supplies				
\$ Gambling losses (not more than winnings)					
\$ Moving Expenses (Armed Forces Only)					
\$	Expenses - Reservists, Artists, Govt Officials				

ENERGY CREDITS				
\$ Solar Panels - Purchased (Not Leased)				
\$ Solar Electric - Solar Water Heating				
\$ Small Wind Energy - Geothermal Heat Pump				
\$ Fuel Cell / Electric PLUG IN CAR				
\$	Exterior Doors/Windows/Roof/Furnance/Boiler**			

## 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
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

	RENTAI	PROPERTIES	
	Property #1	Property #2	Property #3
Rental Property Address			
RENTAL INCOME	\$	\$	\$
Advertising	\$	\$	\$
Auto & Travel	\$	\$	\$
Cleaning & Maintenance	\$	\$	\$
Commissions	\$	\$	\$
Insurance	\$	\$	\$
Legal/Professional Fees	\$	\$	\$
Management Fees	\$	\$	\$
Mortgage Interest	\$	\$	\$
Repairs	\$	\$	\$
Supplies	\$	\$	\$
Real Estate Taxes	\$	\$	\$
Utilities	\$	\$	\$
Other Expenses:	\$	\$	\$
Other Expenses:	\$	\$	\$
Improvement #1 (Date/Type)	\$	\$	\$
Improvement #2 (Date/Type)	\$	\$	\$

SELF-EMPLOYED BUSINESS					
Owner					
Trade Name					
Address					
Type of Busin	iess				
Income/Sales	\$	Rental Equipment	\$		
Materials or Merchandise	\$	Repairs & Maintenance	\$		
Advertising	\$	Supplies	\$		
Auto Expense (fill out form below)	\$	Taxes	\$		
Commissions	\$	Travel	\$		
Contract Labor (Form 1099)	\$	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 G		Gas & Oil	\$		
Auto Rental	\$	Business Mileage Jan-June		Insurance	\$		
Car Wash	\$	Business Mileage July-Dec		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		\$		
Standa	ard 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 Jun 30th by .585 cents and Jul 1st to Dec 31st by .625 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 - ONLY MEMBERS OF ARMED FORCES						
Complete this Description of move	section if you moved to a nev	v home and are a	a member of the A	rmed Forces		
Mark if the move was due to service	a in the Armed Forces		If not Armed F	orces, no deduction.		
			ii not Annea i	orces, no deduction.		
Mark if move is outside United State	es or its possessions					
Who moved? (Taxpayer, Spouse, E	Both)					
Number of miles from old home to r	new workplace					
Number of miles from old home to o	old workplace					
Transportation and storage expense	es					
Travel and lodging (not including me	eals)					
Total amount reimbursed for moving	•					
rotal amount rombarood for moving	g expended					
	NEW JERSEY GEN	ERAL INFOR	MATION			
Did you own a home with someone	other than your spouse? If y	es, please fill ou	t the information b	elow.		
Street Address						
City				-		
				-		
Homeowner & Vetera	n Information		Renter In	formation		
Your Share of Property Owned	%	Days as Tenan	t	#		
Total Property Taxes paid	\$	Total Rent Paid		\$		
NJ Veteran-If first time appplicar	nt-Provide Form DD-214	Your Share of F	of Rent Paid \$			
	NEW YORK GENE	CRAL INFORM	MATION			
		Employer #1	Employer #2			
Name of employer		1	1 3			
	a. Total days worked for employer in 2022 (if entire year, 365 days)  Please fill out this					
b. # of days in 2022 worked outside NYS including days worked information for each from home						
c # of days in 2022 worked at home (included in line h, above )						
d. Saturdays and Sundays (not worked)  New York if you are a						
e. Holidays (not worked)				nonresident or part-year resident of New York.		
f. Sick leave	I. Sick leave					
g. Vacation		1				

PART-YEAR RESIDENT INFORMATION	OLD STATE	NEW STATE
States of residency:		
Dates From:	1/1/2022	/ /2022
Dates To:	/ /2022	12/31/2022

h. Other nonworking days