

**NARDI & ASSOCIATES, LLC**  
**37 Vreeland Avenue 2<sup>nd</sup> floor**  
**Totowa, New Jersey 07512**  
Phone # (973) 256-2288 Fax # (973) 256-3641  
E-Mail Address: info@nardicpa.com  
Web Address: www.nardicpa.com

**2023**

## **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 CALL to 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 2023, 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:**

Although the State of New Jersey does not tax Unemployment Insurance Benefits, UNEMPLOYMENT is subject to federal income taxes. Unemployment and 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 accurately complete the preparation of your tax return)

**COVID Retirement Account Distributions or Loans and Repayments:**

COVID IRA Distributions taken in 2021 (up to \$100,000) were given the election to pay the tax over 3 years or repay the IRA distribution before 12/31/2023.

If you took a 2021 COVID IRA distribution, did you repay any portion in the year **2023**?

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

Provide us with a copy of your retirement account statement showing the 2021 distribution and the 2023 repayment.

**2023**

**Self**

Disabled

Blind

**Name**

**Occupation**

**Social Security #**

**Email Address**

\*Required for E-SIGN

**Date of Birth**

**Home Phone #**

**Work Phone #**

**Cell Phone #**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Spouse**

Disabled

Blind

**Name**

**Occupation**

**Social Security #**

**Email Address**

\*Required for E-SIGN

**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:

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**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 Do you have foreign financial accounts or financial assets, or hold interest in a foreign entity? 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? YES \_\_\_ NO \_\_\_

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

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

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 \_\_\_

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 \$17,000 to any individual? YES \_\_\_ NO \_\_\_

14 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.

15 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 including VIN#

# 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

Due Date	FEDERAL			STATE		
	Date Paid	Check #	Amount Paid	Date Paid	Check #	Amount Paid
4/15/2023			\$			\$
6/15/2023			\$			\$
9/15/2023			\$			\$
1/15/2024			\$			\$

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

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

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**

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
<b>Rental Property Address</b>			
<b>RENTAL INCOME</b>	\$	\$	\$
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 Business \_\_\_\_\_

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		Gas & Oil	\$
Auto Rental	\$	Business Mileage Jan-Dec		Insurance	\$
Car Wash	\$	Personal Mileage Jan-Dec		Licenses/Parking	\$
Parking	\$			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
<p>If you use your car for business purposes, you ordinarily can deduct car expenses. You may only use <b>one of the two</b> following methods to figure your deductible expenses:</p>	<p>Multiply the business mileage from Jan 1st to December 31st by .655 cents. You will not be able to claim depreciation under the standard mileage rate.</p>	<p>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 _____</p>

**MOVING EXPENSES - 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 & Veteran Information**

Your Share of Property Owned	%
Total Property Taxes paid	\$

**NJ Veteran-If first time applicant-Provide Form 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 2023 (if entire year, 365 days)			
b. # of days in 2023 worked outside NYS including days worked from home			
c. # of days in 2023 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:	1/1/2023	/ /2023
Dates To:	/ /2023	12/31/2023