

## NARDI & SHARMA, LLC

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**2016**

### 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. You do not need an appointment to have your taxes prepared. If you wish to have an appointment, we ask you call our office to schedule an appointment. **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 2016, see the “Must Answer Questions” section in this Income Tax Organizer.**

If you would like a personalized tax organizer with your prior year tax information filled in, please call our office and we can provide one to you.

Your complete tax information must be received by our office no later than Wednesday, April 5<sup>th</sup>, 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 Wednesday, April 5<sup>th</sup>.**

Thank you. We look forward to serving you.

Nardi & Sharma, LLC

**Your Tax Returns are available 24/7 by secure portal**

**We will continue to provide you with your own secure private client portal to access your tax returns through our website. With our secure portal technology, you will have an easy way to access your tax documents and tax returns online 24 hours a day/7 days a week. This private and secure portal will allow you to access an electronic copy of your current and prior years completed tax returns.**

2016

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:

HOW WOULD YOU LIKE YOUR COPY OF YOUR TAX RETURN THIS YEAR? (Please select one)

ONLINE through our portal

GREEN (paperless)

Paper

Easy access to your tax returns 24 hours a day, 7 days a week

View your return at any time by logging in through our website

Email a copy of your return to your bank or mortgage company in seconds

All returns stored on our secure portal utilize the 256-bit encryption standard (security standard)

NOT SO GREEN

More likely to misplace

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 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 \$14,000 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.

## 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
4/15/2016			\$			\$
6/15/2016			\$			\$
9/15/2016			\$			\$
1/15/2017			\$			\$

**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
\$	Union / Professional Dues
\$	Uniforms / Protective Equipment/Tools
\$	School Teacher Supplies
\$	Job Search Costs
\$	Maintain Skills Expense
\$	Investment Publications
\$	Other (explain)
\$	Gambling losses (not more than winnings)

ALIMONY PAID/RECEIVED	
\$	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

RESIDENTIAL ENERGY CREDITS	
Must select home improvement type listed below	
\$	(1) Geothermal Heat Pump, (2) Solar Energy System, (3) Small Wind Turbine, (4) Fuel Cells, (5) Windows, (6) Exterior Doors, (7) Insulation

**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			
Rent Received	\$	\$	\$
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/Entertainment	\$
Business Insurance	\$	Utilities & Telephone	\$
Interest Expense	\$	Wages Paid to Employees	\$
Legal/Professional Fees	\$	Other Expenses: _____	\$
Office Expense	\$	Other Expenses: _____	\$
Rent	\$	Other Expenses: _____	\$
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/Entertainment	\$	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 <b>one of the two</b> following methods to figure your deductible expenses:	Multiply the business mileage from Jan 1st to Dec 31st by .54 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 _____



**JOB RELATED MOVING EXPENSES**

Complete this section if you moved to a new home because of a new principal work place.

Description of move \_\_\_\_\_

Mark if the move was due to service in the armed forces

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	\$

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 2016 (if entire year, 365 days)			
b. # of days in 2016 worked outside NYS including days worked from home			
c. # of days in 2016 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:	1/1/2016	/ /2016
Dates To:	/ /2016	12/31/2016