

**SYSTEMIZER 2021**

SIGN &  
RETURN  
PACKET B

INDIVIDUAL INCOME TAX RETURN  
FORM 1040

ELECTRONIC FILING THIS OFFICE IS AN AUTHORIZED IRS ELECTRONIC FILING PROVIDER! ! ALL RETURNS WILL BE ELECTRONICALLY FILED AS MANDATED BY THE IRS AND MOST STATES.

IF YOU **DO NOT** WISH TO ELECTRONICALLY FILE YOUR 2021

INCOME TAX RETURN, CHECK HERE

(Per **IRS regulations**, if you do **NOT** want me to electronically file your return, you will be required to sign a specifically worded statement documenting your choice. In addition, I will be required to add an additional form - Form 8948 - to your return, stating that you have elected to file by paper.).

**DIRECT DEPOSIT OR ELECTRONIC PAYMENTS.FASTER REFUNDS**, More Secure, Convenient!!

If you wish to have a Direct Deposit Refund, you must check with your bank for the following

Bank Name: \_\_\_\_\_

Routing Number \_\_\_\_\_

Type: Checking  Savings

Account Number \_\_\_\_\_

a. Will the bank accept a direct deposit from the Federal Government? \_\_\_\_\_

b. Will the bank deposit a joint refund into an individual account? (If that applies to your refund) \_\_\_\_\_

☼ Do you want to split the deposit into more than one account?  YES  NO (If yes, please provide info).

☼ If you want to use any of your refund to buy U.S. Series I Savings Bonds check here to discuss.  YES  NO

PAID PREPARER AUTHORIZATION

IF YOU **DO NOT** WANT TO ALLOW THE IRS TO DISCUSS YOUR 2021 TAX RETURN WITH ME, PLEASE INITIAL HERE: \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, THE ENCLOSED INFORMATION IS COMPLETE AND ACCURATE, AND INCLUDES ALL INCOME, DEDUCTIONS AND OTHER INFORMATION NECESSARY FOR THE PREPARATION OF THE 2021 INCOME TAX RETURNS; THIS INFORMATION HAS BEEN PROVIDED BY ME FOR WHICH I HAVE ADEQUATE CONTEMPORANEOUS RECORDS. **Feltz Associates, LLC and Nancy M. Paparazzo, EA** are not responsible for providing any of the deductions and income reported on my return(s).

**(Refer to Engagement & Client Letters for important details).**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**TAX YEAR 2021**

**AFFORDABLE CARE ACT (ACA)**

**MEDICARE & MINIMUM ESSENTIAL COVERAGE COMPLETE THIS PAGE if you or any member of your “tax household” did NOT have Minimum Coverage or Medicare for all 12 months of 2021.**

1. Did you and everyone in your **\*tax household\*** have QUALIFIED health coverage for the entire year? \_\_\_\_\_.
  - a. **IF NO**, give details for who was covered and for which months there was coverage. Even one day of a month of coverage is considered as coverage for a whole month.

**Covered tax household members      Schedule of Months Covered      Premiums Paid:**

Names	Schedule of Months Covered	Premiums Paid:
		\$

2. Did you obtain Insurance Coverage through the Marketplace? \_\_\_\_\_
3. Did you receive a 2021 **Form 1095-A, Health Marketplace Statement**? \_\_\_\_\_
  - a. We/I have provided you with **ALL** copies of **Forms 1095-A, 1095-B and 1095-C** that we received \_\_\_\_\_

If 3a is “No” then you **MUST** contact the state or federal Marketplace through which you enrolled or log on to [https://www.healthCare.gov/marketplace/global/en\\_US/registration](https://www.healthCare.gov/marketplace/global/en_US/registration).

This **Form 1095-A** is **necessary** to complete your return if you were part of the **Marketplace** at any time during 2021.

4. Did you obtain an exemption from the Marketplace, & receive your unique Exemption Certificate #? \_\_\_\_\_  
If “Yes”, **attach a copy** of that statement, or go to website to apply. <https://www.HealthCare.gov/exemptions>.
5. We/I have qualified employer-provided health insurance for the entire year for our entire household \_\_\_\_\_ (If not for entire year, refer to Number 1a schedule above)
6. We/I have qualified other health insurance that we purchased directly from an agent or insurance company for the entire year which covers our entire household \_\_\_\_\_ (If not for entire year, refer to Number 1a schedule above).

**VERY IMPORTANT** In the absence of the completion of items above, and in the absence of your providing me with information regarding an exemption from the requirement to provide health insurance, I will calculate the **STATE PENALTY** and include it with your return.

**\*Tax Household\*** includes all exemptions claimed on your income tax return.

**PLEASE SUPPLY COPIES OF ALL INSURANCE CARDS COVERING YOU AND TAX FAMILY MEMBERS THROUGHOUT THE YEAR.**

# TAX YEAR 2021

KINDLY PRINT ALL INFORMATION

If you have any questions regarding the information requested, or specific Tax questions, please feel free to call our office (201-487-0311). If you are a **NEW CLIENT**, please provide copies of your prior year's Federal and State tax filings, as well as copies of Social Security Cards.

- The IRS and most States are asking for **Driver's License Numbers & info or State ID** to help prevent Identity Theft. This is mandatory in many states. Supply copy(ies) of **LICENSE or change to issue & expiration dates.**
- **HISTORICAL INFORMATION** - YOU MUST FILL IN NAME AND ANY INFO THAT HAS **CHANGED SINCE LAST YEAR** (e.g, Addresses, New Dependents, **Change in Filing Status**)
- **HAVE YOU MOVED SINCE FILING YOUR LAST INCOME TAX RETURN? IF YES FILL-IN ALL AREAS BELOW!!**

Name: \_\_\_\_\_  
(taxpayer) (first) (MI) (last) (spouse) (first) (MI) (last)

**FILING STATUS:** Do you want to change your filing status this year?  NO  YES GIVE DETAILS: \_\_\_\_\_  
**NOTE:** If you leave this blank, I will use the same filing status as last year.

**Social Security Number** (TAXPAYER) ONLY IF NEW \_\_\_\_\_ (SPOUSE) ONLY IF NEW \_\_\_\_\_  
(Please attach a copy of your cards, if you have not already sent to us)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_ State of Residency in 2021 \_\_\_\_\_

Is this a new address?  YES  NO If Yes **PROVIDE DATE OF MOVE:** \_\_\_\_\_

Real Estate Tax **Actually Paid IN 2021:** \$ \_\_\_\_\_ (This might **NOT** be the same as the Assessed Tax)  
OR Annual **Rent** You Paid \$ \_\_\_\_\_ Did you share your rent with another tenant? \_\_\_\_\_

Your Email Address: \_\_\_\_\_ ours is [mirjol@msn.com](mailto:mirjol@msn.com)

**Telephone Number:** (Home) \_\_\_\_\_ (**Work T/P or Spouse**) \_\_\_\_\_

**OCCUPATION:**(Taxpayer) \_\_\_\_\_ (**Spouse**) \_\_\_\_\_

**DATE OF BIRTH:**(Taxpayer) \_\_\_\_\_ (**Spouse**) \_\_\_\_\_

IF SEPERATED OR DIVORCED DURING 2021, PLEASE ENTER DATE OF DECREE: OR DATE OF LEGAL SEPARATION: \_\_\_\_\_  
(PLEASE ATTACH COPY OF DECREE).  
IF TAXPAYER OR SPOUSE DIED DURING 2021, PLEASE ENTER DATE OF DEATH \_\_\_\_\_ AND ATTACH A COPY OF THE DEATH CERTIFICATE.

1. Were you in a Registered Domestic Partnership, Civil Union or Same-Sex Marriage during 2021?  
Circle, applicable designation.  YES  NO
3. Do you want to contribute to the Presidential Election Campaign (\$3.00)?  YES  NO

Do you qualify for **HEAD OF HOUSEHOLD Filing Status**?  YES  NO If YES, PROVIDE DETAILS, name of person, & relationship to you, etc.) If you are unmarried (or living apart) and maintain a household for a family member of any age, you might qualify for the lower Head of Household tax rate, provided certain qualifications are met. \_\_\_\_\_

+IMPORTANT NOTE: The taxpayer's child must be a qualifying child or the taxpayer's dependent as defined by the IRS. There is also a Qualifying Relative Designation which may be used for a Child of taxpayer if Qualifying Child does not apply.

# TAX YEAR 2021

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**DEPENDENT INFORMATION: MUST BE COMPLETED IF YOU WANT CHILD TAX OR EDUCATION CREDITS**

NAME	D.O.B.	New Only Soc Sec #	Did Dependent provide more than 50% of Own Support	MONTHS IN HOME/2021 College is same as home	IN COLLEGE in 2021?***	FILED OWN RETURN? SUPPLY COPY

In order to be eligible for the Child Tax Credit, a qualifying child must be either a U.S. citizen, national, or resident of the United States. REQUIRED TO CLAIM DEDUCTION: PLEASE ATTACH A COPY OF SOCIAL SECURITY CARD(S).

**CREDITS TO INCOME** (Limited, based on Adjusted Gross Income, Filing Status & Dependency)

**STUDENT LOAN INTEREST DEDUCTION (MAXIMUM 2021 = \$2,500 SUBJECT TO INCOME LIMITATION)**

- Did you pay interest in 2021 on a qualified Student Loan? (attach documents)  YES  NO
- At the time the loan was taken out, were the expenses for yourself, your spouse or anyone who was your dependent at that time?
- Was the loan used to pay for qualified higher education expenses (including tuition, fees, room & board, and related expenses such as books and supplies) for education in a degree, certificate, or similar program leading to a recognized educational credential at most colleges, universities and certain vocational schools or other post-secondary institute?  YES  NO
- Did the student carry at least half the normal full-time work load for the course of study pursued?  YES  NO
- Did the student receive any employer-provided educational assistance benefits that are not included in Box 1 of your W-2 form(s)?  
If yes, how much? \$ \_\_\_\_\_  YES  NO
- Did the student have excludable U.S. Series EE Savings Bond interest?  
If yes, attach all documents.  YES  NO
- Was there a qualified distribution from an Education IRA?  
If yes, attach all documents.  YES  NO
- Were there any other scholarships, educational assistance, allowance or other payments (not gifts, inheritances, etc.) received? If yes, list ON SEPARATE PAGE.  YES  NO

**\*\*\*Educational Credits American Opportunity Credit.** Did you (or your dependent) pay, charge or take a loan to pay expenses in 2021 for yourself, your spouse or your dependent to enroll in or attend an eligible educational institution: (most colleges, universities and certain vocational schools or other post-secondary institute) leading to a degree, certificate, or other recognized educational credit?  YES  NO

**1. Name of Student** \_\_\_\_\_ VIP \*\*\*

**2. Is student** taking at least 1/2 of the normal full-time workload for his/her course of study for at least one academic period in 2021?  YES  NO

**3. Has student** ever been convicted of a felony for possessing or distributing a controlled substance?  YES  NO

\* **HOW MANY YEARS OF COLLEGE (POST-SECONDARY) EDUCATION HAD THE STUDENT COMPLETED AS OF 01/01/2021?** \_\_\_\_\_ Years Completed

\*Amount of Expenses paid in 2021 (OTHER than those reported on Form 1098T for use with Sec 529 Distributions):

ROOM & BOARD (not listed on Form 1098T) \$ \_\_\_\_\_  
 INSURANCE (not listed on Form 1098T) \$ \_\_\_\_\_  
 BOOKS & EQUIPMENT (not listed on Form 1098T) \$ \_\_\_\_\_

- ▶ These expenses can be paid with dependent student's earnings, loans, gifts, inheritances or personal savings.
- ▶ Room and board, insurance, transportation, etc. and books or equipment **ARE NOT** qualified expenses for the *American Opportunity (Modified Hope) Credit*.

**NOTE: We MUST have a Form 1098-T as well as a PRINTOUT OF TUITION STATEMENT from the College showing all PAYMENTS MADE & DATES the payments were posted to the Student's Account.**

**INCOME**

**WAGES EARNED (FORMS W-2)** PLEASE ATTACH ALL **FORMS W-2** RECEIVED FOR 2021, **PLUS the FINAL PAYSTUB for the year.**

**INTEREST INCOME** \_PLEASE ATTACH ALL **FORMS 1099** in their **ENTIRETY** which you have received for **2021** {extra work due to missing forms, etc. may result in extra billable time}.

**ONLY** attach a list of interest **NOT** reported on a Form 1099. **Otherwise** attach all Tax documents.

\***Seller- Financed Mortgages** (See Below)

<u>Name of Payer</u>	<u>Social Security Number</u>	<u>Amount</u>
		\$
		\$

The **payer** must have used the property as a personal residence, and you must provide the payer with your Social Security Number.

EXCLUSION OF INTEREST FROM SERIES EE OR I U.S. SAVINGS BONDS ISSUED AFTER 1989 USED FOR HIGHER EDUCATION EXPENSES. (Subject to phase-outs for Modified Adjusted Gross Income.)

\*\* CALL THIS OFFICE IF THIS APPLIES TO YOU, AND I WILL SEND YOU THE WORKSHEET.

NOTE: THE BONDS MUST BE PURCHASED IN THE NAME OF THE PARENT AND THE PARENT MUST BE AT LEAST 24 YEARS OLD WHEN THE BOND IS PURCHASED.

**OFFSHORE COMPLIANCE**

THE *HIRE ACT* MADE SOME CHANGES TO THE LAW WITH REGARD TO THE REPORTING REQUIREMENTS FOR OFFSHORE ASSETS AND FINANCIAL ACCOUNTS AND WITHHOLDING OF TAX ON CERTAIN PAYMENTS TO FOREIGN PERSONS. PENALTIES FOR NON-COMPLIANCE ARE VERY STIFF. THE U.S. TREASURY DEPT. AND THE IRS ARE RAMPING UP THEIR OVERSIGHT OF TAXPAYERS WITH FOREIGN ACCOUNTS AND ASSETS.

- ❖ AT ANY TIME DURING **2021**, DID YOU (ALONE OR WITH ANOTHER) HAVE FUNDS IN A FOREIGN ACCOUNT OR WERE YOU THE GRANTOR OF A FOREIGN TRUST OR AN INTEREST HOLDER IN A FOREIGN FINANCIAL ACCOUNT? .  YES  NO
- ❖ DID YOU RECEIVE CERTAIN GIFTS OR BEQUESTS FROM A FOREIGN PERSON OR ENTITY? .
  - YES  NO

(You **MUST** answer these questions. Provide Details, including maximum aggregate value in **2021**.)

FAILURE TO FILE APPROPRIATE INFORMATION FORMS CAN RESULT IN **FINES UP TO \$10,000 or MORE.** THE DEPARTMENT OF THE TREASURY IS **VERY SERIOUS** ABOUT ASSESSING THESE FINES.

# TAX YEAR 2021

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**INCOME** (Continued)

**DIVIDEND INCOME** (Forms 1099)

PLEASE ATTACH ALL FORMS 1099 ETC. RECEIVED FOR 2021 IN THEIR **ENTIRETY**

**OTHER INCOME**

AMOUNT

**NOTE: ALL INCOME RECEIVED DURING THE YEAR MUST BE RECORDED. IF THERE IS NO CATEGORY LISTED, BE SURE TO ADD UNDER OTHER.**

State and Local Income Tax Refunds	\$
Alimony Received ( <b>See note on page B13 for new rules</b> )	\$
Fully Taxable Pensions, IRA Distributions (Attach W-2P or 1099R)	\$
Other Pensions & Annuities (Attach 1099, 1099R or Documents)	\$
(Other NON-Taxable Pensions, required info for certain benefits)	\$N/T
<b>NOTE: FOR NJ VETERANS ATTACH EXEMPTION LETTER OR FORM DD214</b>	VETERANS BENEFIT
Partnership, LLC, S Corporation, Estate or Trust Income (Attach Forms K-1)	\$
Unemployment Compensation (Attach 1099)	\$
* Social Security Benefits (Attach Form SSA 1099)	\$
Director Fees and/or **Executor (Executrix) Fees (One Time) (Operator)	\$
Property Tax Reimbursements & Rebates	\$
Distributions from Sec 529 or HSA	\$ _____
Municipal Bond Interest	\$ _____
Unreported Tip Income	\$ _____
Gambling, Prizes, etc. (Attach W-2G(s)» Gambling Losses see page 13	\$ _____
Other (Explain) _____	\$ _____
_____	\$ _____

**NOTE:** If you have income in respect of a decedent, you must attach copies of the Federal Estate tax returns.

\*Effective after December 31, 1993, up to 85% of Social Security benefits received during the year may be required to be included in Taxable income. This law uses a two tier system to determine how much Social Security will be taxable.

\*\*A One Time (Inactive) Fee is not subject to Self Employment Tax. Operating as an Executor as a business is subject to S.E. Tax.

**IDENTITY THEFT:** NEVER, NEVER, NEVER, RESPOND TO ANY PHONE OR EMAIL REQUESTING INFORMATION EVEN IF THEY THREATEN YOU. **NEVER, NEVER, NEVER** CLICK ON ANY EMAIL LINKS IN ANY **SUPPOSED** GOVERNMENT CORRESPONDENCE. IRS WILL NEVER ASK YOU TO DO THIS!! THEY WILL NEVER ASK YOU TO GET A PRE-PAID CARD TO PAY THEM, THEY WILL NOT THREATEN TO JAIL YOU! IF YOU GET ANY CORRESPONDENCE FROM ANY GOVERNMENT AGENCY PLEASE **CALL ME** AT ONCE AND I WILL DEAL WITH IT ON YOUR BEHALF IF NECESSARY.

**TAX YEAR 2021**

**BUSINESS INCOME SCHEDULE C**

**TOTAL GROSS INCOME \$ \_\_\_\_\_**

Months in Operation **2021** \_\_\_\_\_

Name of Proprietor \_\_\_\_\_ Employer I.D. Number \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Business Activity \_\_\_\_\_ Home Office?  YES  NO (if this is yes, &  
Was Another Office Available to You Outside the Home?  YES  NO if this is no, go to C1)

**C1 BUSINESS USE OF HOME:** See new Safe Harbor calculation for home office on page A7.

Total Area of Home: \_\_\_\_\_ sq. ft. Total Area Used for Business: \_\_\_\_\_ sq. ft.

Nature of Business Activity Performed in Home: \_\_\_\_\_

**BUSINESS EXPENSES:**

- New Equipment Purchased (Attach list and Purchase documents) \$ \_\_\_\_\_
- Merchandise Purchased (Beginning and Ending Inventory, if applicable) \$ \_\_\_\_\_
- Commissions or Cost of Labor (**Forms 1099 must be prepared for amounts over \$599.00**) \$ \_\_\_\_\_
- Materials & Supplies \$ \_\_\_\_\_
- Advertising \$ \_\_\_\_\_
- Bad Debts - *Proper procedures and paperwork required to substantiate* \$ \_\_\_\_\_
- Bank Charges \$ \_\_\_\_\_
- Business Insurance (List **Auto Insurance Separately on page B7**) \$ \_\_\_\_\_
- Interest (**only** on Business Loans & Business Charge Cards) \$ \_\_\_\_\_
- Health Insurance (**record entire premium**) includes LTHC, subject to limitations \$ \_\_\_\_\_
- Legal & Professional Services (**Forms 1099 must be prepared for amts over \$599.00 EVERY YEAR**) \$ \_\_\_\_\_
- Office Supplies & Postage \$ \_\_\_\_\_
- Rent on Business Property (**Forms 1099 must be prepared for amts over \$599.00 EVERY YEAR**) \$ \_\_\_\_\_
- Start Up Costs of New Retirement Plan \$ \_\_\_\_\_
- Travel - Business Travel Only (**Auto expenses listed on next page**) \$ \_\_\_\_\_
- Business Meals & Entertainment (Limited) (records required) \$ \_\_\_\_\_
- Business Telephone & Telecommunications \$ \_\_\_\_\_
- Utility Expenses (**INDICATE** whether for whole house or office only) \$ \_\_\_\_\_

(Attach a list for other expenses, if necessary)

**USE TAX ON PURCHASES OUTSIDE YOUR HOME STATE WITH INSUFFICIENT SALES TAXES PAID \$ \_\_\_\_\_**

**A SEP PLAN-** CAN BE SET UP AND FUNDED BY THE DUE DATE, PLUS EXTENSIONS, FOR YOUR TAX RETURN. THE CONTRIBUTIONS YOU MAKE TO THE PLAN CAN BE DEDUCTED ON YOUR 2021 RETURN EVEN IF THEY ARE MADE IN 2021 (BY THE FILING DEADLINE).

**401(K) PLAN-** SELF-EMPLOYED INDIVIDUALS MAY ALSO SET UP A SELF-EMPLOYED 401(K) PLAN FOR THEMSELVES.

**A SIMPLE IRA PLAN-** GENERALLY, YOU CAN SET UP A SIMPLE IRA PLAN EFFECTIVE ON ANY DATE BETWEEN JANUARY 1 AND OCTOBER 1 OF A YEAR, PROVIDED YOU DID NOT PREVIOUSLY MAINTAIN A SIMPLE IRA PLAN.

☼ **The Internal Revenue Service & the States are penalizing Employers who misclassify employees as independent contractors for purposes of employment taxes. The fines can be considerable, and the taxing agencies are performing audits to identify violators. The IRS uses a 20-factor test to make the determination. The States also use a classification test.**

**\*\*\*If you require this office to prepare Forms W-2 or 1099, you must contact me prior to DUE DATE OF January 31<sup>st</sup> EACH YEAR.** This note is a reprint of the same message each year, since the Systemizer often arrives after January 31. Please mark your calendars for next year.

**!!!!!!\*\*\*THE IRS IS ASSESSING SERIOUS PENALTIES FOR FAILURE TO FILE REQUIRED FORMS W-2 &1099\*\*\*!!!!!!**

**TAX YEAR 2021**

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**BUSINESS INCOME Schedule C**(Continued)

**AUTO & TRUCK EXPENSES**

Note: Record your Odometer Reading on Business Vehicle as of the date you complete this form. \_\_\_\_\_ MILES      DATE \_\_\_/\_\_\_/\_\_\_

The IRS REQUIRES you to keep written records of your expenses (including auto) in order for you to be able to use the ACTUAL amounts as deductions, whether you LEASE or OWN your vehicle. This log should have the total miles for the year as well as notations regarding the **business miles** that are part of the grand total. BE SURE TO RETAIN A TRAVEL LOG AND REPAIR AND SERVICE STATION RECEIPTS SHOWING THE ODOMETER READINGS DURING THE YEAR. THE IRS RELIES ON THESE TYPES OF DOCUMENTATION IN AN AUDIT.

Be sure to have receipts for **business PARKING** and **TOLLS** which are deductible in all cases. The mileage method may be used instead of the actual expenses. This is subject to certain rules if the car has been previously depreciated.

The Standard Mileage rate is allowed for a LEASED auto if the standard mileage rate is used for the entire lease term. If you use the actual expense method, the business percentage (which is determined based upon the mileage chart below) of each lease payment is deductible as a current deduction.

TRAVEL EXPENSE	AMOUNT
AIRFARES	\$
AUTO RENTALS	\$
ENTERTAINMENT	\$
GARAGE	\$
HOTEL/MOTEL	\$
MEALS	\$
PARKING	\$
POSTAGE	\$

TRAVEL EXPENSE	AMOUNT
ROAD TOLLS	\$
TAXI, SUBWAY	\$
BUSINESS TELEPHONE	\$
TIPS	\$
OTHER	\$
	\$
	\$
	\$

**AUTOMOBILE EXPENSE:**

Mileage amounts **must be** filled in below to determine % of business usage regardless of whether you use actual method or rate per mile method. **REQUIRED**

TOTAL MILES DRIVEN	CAR 1	CAR 2
TOTAL MILEAGE		
BUSINESS MILEAGE IN 2021		
BUSINESS USE		
AVERAGE DAILY COMMUTING		
WRITTEN RECORDS AVAILABLE	Y N	Y N
IS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE?	Y N	Y N
WAS VEHICLE AVAILABLE FOR OFF-DUTY HOURS?	Y N	Y N
IS AN EMPLOYER-PROVIDED VEHICLE AVAILABLE FOR PERSONAL USE?	Y N	Y N

ACTUAL AUTOMOBILE EXPENSES	CAR 1	CAR 2
PURCHASE PRICE		
GAS & OIL		
INSURANCE		
REGISTRATION & LICENSES		
LEASE AMOUNT & FEES		
LEASE TERM		
LUBRICATION		
REPAIRS		
TIRES, TIRE REPAIR		
WASH		
OTHER:		

- When did you place your vehicle in service for business purposes? \_\_\_/\_\_\_/\_\_\_ (date) \_\_\_/\_\_\_/\_\_\_ (date)
- Do you have evidence to support your deduction?  YES  NO  
(If "Yes", is the evidence written?)  YES  NO



**INCOME** (Continued)

**CAPITAL GAINS & LOSSES:** (You **MUST** attach detail of Cost Basis, including all information and closing statements if applicable ) **ONLY COMPLETE IF YOU DO NOT HAVE THE FORMS 1099B**

Description of Property	Date Acquired	Date Sold	Sales Price	Depreciation Taken (If Applicable)	Cost or Basis

- Securities, Real Estate, etc. - Attach Forms **1099B & 1099S** Certain types of Gains subject to 25% and 28%.
- Installment Sales (and Dividend Income) cannot offset Capital Gains.
- Short-Term Capital Gains are taxed at the Ordinary Rate of Tax.
- **Long-Term Capital Gains Rates:**

	0%	15%	20%
MFJ, SS	\$0 - \$80,000	\$80,801 - \$501,600	Above \$501,600
HH	\$0 - \$54,100	\$54,101 - \$473,750	Above \$473,750
S	\$0 - \$40,400	\$40,401 - \$445,850	Above \$445,850
MFS	\$0 - \$40,400	\$40,401 - \$250,800	Above \$250,800

**\*Important Note:** Please make sure to fill in **COST BASIS** and **DATE OF ACQUISITION** of stock sold if not listed accurately on Form 1099B. If we have to do research for this info, it **WILL create ADDITIONAL CHARGES ON YOUR BILL!!**

**RENTAL INCOME** - THE PRESIDENT REPEALED THE EXPANDED FORM 1099 REPORTING FOR PAYMENTS OF EXPENSES INCURRED IN A RENTAL ACTIVITY THAT IS NOT CONSIDERED A TRADE OR BUSINESS; HOWEVER, THERE IS SOME AMBIGUITY IN REGARDS TO THE 'BUSINESS' DEFINITION. THE IRS IS ASSESSING STIFF FINES FOR FAILURE TO **SEND FORMS 1099-NEC & MISC** TO REQUIRED INDIVIDUALS (eg. Plumber, repairman, etc.). CALL ME TO DISCUSS, IF THIS REFERS TO YOU. Put a REMINDER on your Calendar to submit 1099-MISC info by **Jan. 20<sup>th</sup> of EACH YEAR.**

**\*\*\*Note:** Did you rent your vacation home for less than 15 days?  YES  NO (if so, a tax savings might apply)

Address & Description of Property

Property A: \_\_\_\_\_

Property B: \_\_\_\_\_

Property C: \_\_\_\_\_

(If property purchased or sold this year, please ATTACH copies of CLOSING STATEMENTS, and REAL ESTATE TAX BILL).

	PROPERTY A	PROPERTY B	PROPERTY C
RENTAL INCOME			
OCCUPANCY BY TAXPAYER	%	%	%
<b>EXPENSES:</b>			
Advertising			
Auto & Travel			
***Cleaning & Maintenance	T or F	T or F	T or F
Commissions			
***Insurance	T or F	T or F	T or F
Interest	T or F	T or F	T or F
Legal & Professional			
Repairs			
Supplies	T or F	T or F	T or F
Taxes			
***Utilities	T or F	T or F	T or F
Wages			
Other	T or F	T or F	T or F
Capital Improvements	T or F	T or F	T or F

**## For Capital Expenditures**, attach a sheet listing Date, Description and Cost & Trade-In (if any) **NOTE:** There are new rules regarding Repairs and Capital Improvements. **\*\*\*Indicate** if TENANT PORTION (T) or FULL HOUSE (F).

# TAX YEAR 2021

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## EXPENSES – ITEMIZED DEDUCTIONS

**NOTE for ALL:** IF YOU PAY MEDICAL EXPENSES, INCLUDING HOSPITALIZATION INSURANCE, FOR SOMEONE WHO WOULD QUALIFY AS A DEPENDENT IF THEIR INCOME DID NOT EXCEED THE INCOME LIMITS, AND WANT TO DEDUCT THOSE PAYMENTS ON YOUR OWN RETURN, BE SURE TO MAKE PAYMENTS DIRECTLY TO THE PROVIDER (**NOT TO THE DEPENDENT** AS REIMBURSEMENT FOR EXPENSES)!!

**NOTE for NJ RETURNS:** IF YOU DO **NOT** ITEMIZE DEDUCTIONS, **AND** IF YOU ALSO DO **NOT** EXPECT TO OWE **NJ TAX**, THEN YOU MAY NOT HAVE TO ITEMIZE YOUR MEDICAL EXPENSES. CONTACT ME IF YOU ARE NOT SURE, **BEFORE** YOU SPEND TIME SUMMARIZING.

This will be the case for many individuals with the new TAX CUTS and JOBS ACT changes to the Standard Deduction

LONG TERM CARE PREMIUMS **MUST** BE ENTERED SEPARATELY AS INDICATED.

**MEDICAL & DENTAL:** (NOTE: If you expect to owe NJ State Taxes, fill in **EVEN IF YOU ARE NOT** Itemizing deductions). NJ Limitation is 2%. IRS limitation is 7.5%

Prescription Medicine and Drugs	\$	\$	
Doctors Including Co-Pays			
Hospital, Medical & Dental Insurance	\$	\$	
Long Term Care Ins. (Limited)	Filer \$	Spouse \$	
Medicare B and D			
Dental	\$	\$	
Transportation & Lodging	\$	\$	
PPE EQUIPMENT (face masks, etc)			
Medical Mileage in 2021	Medical Travel \$	Tolls/Parking \$	
Other (Eyeglasses, Hearing Aids, Etc.):	\$	\$	
Total Before Reimbursements in 2021	\$	\$	\$
Enter 2021 Insurance Reimbursements			\$
Your Net Expenses			\$

**New Jersey** limitation still 2% of New Jersey Gross Income.

**New York** follows the Federal Limitation..

**NOTE:** A child's tuition at specialized school was deductible as a medical expense under sec 213(a) where the child attended school primarily to receive medical care in the form of special education. The tuition is deductible for each year the child is diagnosed as having a medical condition, such as dyslexia, that handicaps that child's ability to learn (PLR 200521003).

### TAXES NOTES:

- TAX CUTS & JOBS ACT LIMITS TOTAL TAXES PAID TO \$10,000.
- You can elect to deduct state & local general sales taxes instead of state & local income taxes as an itemized deduction on Schedule A. **You cannot deduct both.** (MADE **PERMANENT** by the Consolidated Appropriations Act, 2016)

State & Local Income Tax. . . . . \$ \_\_\_\_\_

State & Local General Sales Taxes ..... Optional Tax Table \_\_\_ or Actual taxes paid \$ \_\_\_\_\_

You must keep receipts if you use actual taxes. **Certain Sales Taxes** can be added to the Optional Tax Table: taxes on any motor vehicle (purchased or leased), aircraft, boat, off-road vehicles, home, home building materials. List any of these items separately. We will determine whether to use Sales Taxes or Income Taxes.

**VERY IMPORTANT:** Real Estate Taxes must be amount actually **PAID IN** 2021, NOT the amount assessed! The IRS is checking with municipalities to verify amounts actually paid in the tax year. Report Taxes on adjoining lots *separately*, **NOTE NJ Filers are still eligible for the FULL Deduction, in most cases, of Real Estate Taxes Paid on NJ Principal Residence on the NJ Form 1040, regardless of Federal Limitations.**

Real Estate Tax \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Other Taxes \_\_\_\_\_ \$ \_\_\_\_\_

**EXPENSES** (Continued)

**INTEREST EXPENSE:** Did you refinance your mortgage in 2021? (**Include Closing Statement**)

<b>MORTGAGE INTEREST IS SUBJECT TO TRACING.</b>	<b>Balance at 12/31/2021</b>	<b>Interest Paid</b>
1. <b>First Mortgage</b> Paid to: _____	\$ _____	\$ _____
WHAT PORTION OF YOUR HOME MORTGAGE LOAN WAS USED TO BUY, BUILD OR YOUR QUALIFIED HOME & QUALIFIED SECOND HOME (SUBJECT TO DEBT LIMITATIONS)		% _____
2. <b>Second Mortgage</b> Paid to: _____	\$ _____	\$ _____
WHAT PORTION OF YOUR SECOND MORTGAGE WAS USED TO BUY, BUILD OR IMPROVE YOUR QUALIFIED HOME & QUALIFIED SECOND HOME (SUBJECT TO NEW TAX LAW AND LIMITATIONS)		% _____
3. <b>Home Equity Loan</b> Paid _____	\$ _____	\$ _____
WHAT PORTION OF YOUR HOME EQUITY LOAN WAS USED TO BUY, BUILD OR IMPROVE YOUR QUALIFIED HOME & QUALIFIED SECOND HOME ( <b>SUBJECT TO NEW TAX LAW AND LIMITATIONS</b> )		% _____
<b>4. Home Mortgage Interest Paid to INDIVIDUALS:</b>		
Name: _____	\$ _____	\$ _____
Social Security # _____	Address: _____	
5. Points Paid @ closing or refi (refinanced points subject to limitations)		\$ _____
6. Investment Interest		\$ _____

**NOTE:** Your mortgage interest deduction may be limited.

**CHARITABLE GIFTS AND CONTRIBUTIONS Substantiation required** (see chart page A5)

Church/Temple/Mosque, etc. \_\_\_\_\_ \$ \_\_\_\_\_

Include all **VERIFIABLE CASH** (& Cash Equivalents) contributions as well as checks. **NEW-** \$300(S & MFS) \$600(MFJ) **CHARITABLE CONTRIBUTIONS FOR NON-ITEMIZERS.**

Noncash contributions (FMV). Clothing or household items must be in good used condition or better. If it is impracticable to obtain a receipt, the donor must maintain reliable written records regarding each item contributed. (Reg. par. 1.170A-13(b).  
Please supply a list with FMV \$, \_\_\_\_\_

Charitable Contributions: If over \$500 in non-cash charitable contributions, provide detail of contributions. New rules require that the taxpayer retain documentation for ALL cash contributions.

Mileage for Charitable Purposes: \_\_\_\_\_ Charitable Tolls & Parking \$ \_\_\_\_\_  
Out-of-Pocket Expenses for Qualified Charitable Purposes \$ \_\_\_\_\_

**PLEASE ATTACH SUBSTANTIATION WHERE REQUIRED (SEE PAGE A5)**

***\*IF YOU DONATED A CAR TO A QUALIFIED CHARITABLE ORGANIZATION, ATTACH THE FORM 1098C.***

**\*NOTE:** If you made a gift & received a benefit for it, attach information.

**MISCELLANEOUS DEDUCTIONS: IMPORTANT NOTE**

THESE DEDUCTIONS HAVE BEEN SUSPENDED WITH THE TAX CUTS AND JOBS ACT ON THE **FEDERAL INCOME TAX RETURN.** **HOWEVER,** Certain States still use these Deductions, such as Investment Expenses, Safe deposit box, etc.

**Gambling Losses** - Gambling losses have been expanded with the TCJA. However Losses are still limited to the amount of the winnings.

**CASUALTY & THEFT LOSSES** On Dec. 22, 2017, President Trump signed the **TCJA (Tax Cuts and Jobs Act)** into law, adding Sec. 165(h)(5) to the Code. This provision sharply curtails personal casualty losses that taxpayers may deduct in tax years beginning after Dec. 31, 2017, and before Jan. 1, 2026. Subject to the traditional limitations specified above, taxpayers may continue to deduct personal casualty losses, but only to the extent they are attributable to federally declared disasters (Sec. 165(h)(5)(A)). However, taxpayers with personal casualty losses not related to federally declared disasters may deduct those losses to the extent of personal casualty gains (Sec. 165(h)(5)(B)). If an excess casualty gain exists after application of the losses from casualties from other than federally declared disasters, taxpayers next apply any federally declared disaster losses against the remaining casualty gain (Sec. 165(h)(5)(B)(i)).

OTHER DEDUCTIONSRETIREMENT CONTRIBUTIONS & DISTRIBUTIONS- CARES ACT DISTRIBUTIONS REQUIRE DISCUSSION AND A SIGNED CERTIFICATIONContributions

Individual Retirement Accounts (IRA)\$ \_\_\_\_\_ Roth \$ \_\_\_\_\_

Medical Savings Account (MSA) \$ \_\_\_\_\_ HSA \$ \_\_\_\_\_

Other Type \_\_\_\_\_ \$ \_\_\_\_\_

If you are covered by a Retirement Plan at work, and part or all of your contribution to an IRA is NOT deductible, you must file Form 8606 (two forms if spousal plan or both husband and wife have nondeductible portions) to show your basis in your IRA's. This nondeductible portion (Basis) will determine in the future (when you begin taking distributions) how much of the distribution is non-taxable. **It is, therefore, necessary for us to know the following for the Form 8606 & to maintain basis.**

A. Name of Trustee of I.R.A. (Bank Broker. etc.)Value at 12/31/2021

(a.) \_\_\_\_\_ \$ \_\_\_\_\_

(b.) \_\_\_\_\_ \$ \_\_\_\_\_

B. **IRA Withdrawals and Distributions received during 2021** \$ \_\_\_\_\_C. **Your total contribution to plan since inception:** \$ \_\_\_\_\_\*\*DID YOU CONVERT ALL OR PART OF A REGULAR IRA INTO A ROTH IRA?  YES  NO

If YES, please supply details. \_\_\_\_\_

The \$100,000 limitation no longer exists for conversions in the tax years beginning after December 3, 2010. Careful planning and review is essential before considering a conversion. **A taxable event may occur.**

**CORONAVIRUS DISTRIBUTION INFORMATION:**

The **CARES Act** allowed for a **penalty-free** distribution of up to **\$100,000** from your retirement plan or IRA in tax year 2020. The tax could be spread out over three years (3 years). Or, you Could have elected to pay all of the tax in 2020. If all of the tax was not paid in 2020, then the Second Installment is due on the 2021 Return.

Alternatively, you can repay the distributions and avoid paying the income tax altogether. You can recontribute the amount in one or more payments. The rollover limitation does not apply in this case.

**EARNED INCOME CREDIT**

**MAXIMUM** EITC FOR LOW & MODERATE INCOME WORKING FAMILIES IS **\$6,728 FOR 2021**, **SUBJECT TO** INCOME LIMITATIONS, FAMILY SIZE, FILING STATUS, INVESTMENT INCOME (see NOTE below), etc.

**New for 2021:** Minimum Age for eligibility is 19 (unless a full-time student). Maximum Age Limit has been eliminated.

TRA 97 implemented a number of compliance provisions to curb abuse of the Earned Income Credit (EIC) program:

- Taxpayers who fraudulently or erroneously claim EIC will be denied EIC for a period of time;

Paid preparers are required to exercise due diligence in preparing EIC returns. Current regulations require preparers to make reasonable inquiries about taxpayer-supplied information.

**IRS HAS EMPHASIZED PREPARER RESPONSIBILITY; THEREFORE, THERE WILL BE AN ADDITIONAL WORK SHEET YOU MUST COMPLETE IF YOU APPEAR TO BE ELIGIBLE FOR EIC. !!!**

HAVE YOU EVER BEEN DENIED EIC BY THE IRS?  NO  YES If YES, please explain \_\_\_\_\_DID YOU RECEIVE **FORM 8836** FROM THE INTERNAL REVENUE SERVICE?  YES  NO

**Note:** Taxpayers whose investment income exceeds **\$10,000 in 2021** cannot claim the EITC. Investment income includes taxable interest and dividends, tax-exempt interest received and accrued during the year, net income from rents and royalties not derived in the ordinary course of a trade or business, net capital gain income, and the excess aggregate passive income over aggregate passive losses.

**OTHER DEDUCTIONS** (Continued)

**2. PAYMENT FOR ALIMONY:**

**NOTE: New rules apply to POST 2019 Divorce and Legal Separations:**

“Divorces and legal separations that are executed (i.e., that come into legal existence due to a court order) *after 2018*, the alimony-paying spouse won’t be able to deduct the payments, and the alimony-receiving spouse doesn’t include them in gross income or pay federal income tax on them.” However, existing decrees prior to **2018** are subject to the old reporting rules: The recipient reporting the Alimony Income and the Payer reporting the Alimony Deduction to Income. **HOWEVER, STATE TAX LAWS MAY DIFFER. RECORD ALL ALIMONY PAID.**

To whom paid \_\_\_\_\_ **DATE OF DECREE** \_\_\_\_/\_\_\_\_/\_\_\_\_

S.S. # \_\_\_\_\_ \$ \_\_\_\_\_ Date **must** be entered above.

**3. EMPLOYEE BUSINESS EXPENSES: SUSPENDED WITH THE TAX CUTS AND JOBS ACT**

MAY STILL BE USEFUL ON STATE TAX RETURNS.

**4. PAYMENTS FOR CHILD OR DEPENDENT CARE:**

- Number of persons who were cared for in **2021** \_\_\_\_\_

Name of Child \_\_\_\_\_ Amount for this Child \$ \_\_\_\_\_

Name of Child \_\_\_\_\_ Amount for this Child \$ \_\_\_\_\_

Note: Special rules for summer camps. **Only Day Camp is eligible for the Credit.**

- Did you receive employer-provided dependent care assistance benefits?  YES  NO

Amount of Employer-Provided Assistance \$ \_\_\_\_\_

<u>Care Provider's Name</u>	<u>Address</u>	<u>SS# or EIN</u>	<u>In Your Home</u>	<u>Length of Time</u>	<u>Amount</u>
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	\$ _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	\$ _____

**NOTE KIDDIE TAX** – In 2021, children under age of 18 or college students under the age of 24 are subject to the Kiddie Tax on net Unearned Income more than \$2,200 (\$2,300 for 2022). Higher Estate Rate Taxation repealed by SECURE Act, retroactive to 2018. Amendments available, if applicable.

AMOUNTS PAID FOR 2021 ESTIMATED TAXES INCLUDE THE **JANUARY 2022** PAYMENT MADE FOR 2021

FEDERAL		STATE		OTHER	
DATE DUE/PAID	AMOUNT	DATE DUE/PAID	AMOUNT	DATE DUE/PAID	AMOUNT
04/15/2021/	\$	04/15/2021	\$	04/15/2021/	\$
06/15/2021/	\$	06/15/2021/	\$	06/15/2021/	\$
09/15/2021/	\$	09/15/2021/	\$	09/15/2021/	\$
01/15/2022/	\$	01/15/2022/	\$	01/15/2022/	\$

**TAX YEAR 2021**

AFFORDABLE CARE ACT	AI0, B2 QUEST	MOVING EXPENSES	QUESTIONS
ALIMONY INCOME & PAYMENTS	B6, B13	MUNICIPAL BOND INTEREST	B6
AMERICAN OPPORTUNITY TAX CREDIT	A6, B4		
BUSINESS EXP, AUTO & TRUCK EXP <b>VIP</b>	B7, B8		
BUSINESS INCOME	B7	NEW YORK MATTERS	A9
CAPITAL GAINS & LOSSES	B9	NET INVESTMENT INCOME TAX - NIIT	A10
CASUALTY & THEFT LOSSES	B11	NON-TAXABLE PENSIONS	B6
CHARITABLE GIFTS & CONTRIBUTIONS	A5, B11	OFFSHORE COMPLIANCE <b>VIP</b>	ENG,QUEST B5
CHILD TAX CREDIT	LTR, A1, A10,	OTHER INCOME	B6
CHILD CARE PAYMENTS	B13	OTHER TAX DEDUCTIONS	B10
CONTACT BY IRS	A4, A7	PARTNERSHIP INCOME	B6
DEPENDENT INFORMATION	B4	PREMIUM TAX CREDIT	A10
DIRECT DEPOSIT OF REFUNDS	BI	PROFESSIONAL DUES	B11
DIRECTOR'S FEES	B6	QUALIFIED RETIREMENT PLANS	A3
DISTRIBUTIONS- HSA's, etc.	B6	REAL ESTATE TAX DEDUCTIONS	BI0
DIVIDEND INCOME	LTR, B6	REAL PROPERTY LOT & BLOCK	B3
DONATED VEHICLES	B11, 2007-B13	RENTAL INCOME & EXPENSES	B9
EARNED INCOME CREDIT <b>VIP</b>	B12	RESERVISTS ARMED FORCES EXPENSES	B2
EMPLOYEE BUSINESS EXPENSES	B13	RESIDENTIAL ENERGY CREDITS	A6, B2
ENERGY PROPERTY CREDITS	A6, QUEST	RETENTION GUIDELINES <b>HOW LONG TO KEEP?</b>	A4
ESTATE TAXES	A2, A4,	RETIREMENT INCOME, PLANS	A3, B6
ESTIMATED TAX PAYMENTS	B13	ROTH IRA	B12, A3
EXECUTOR'S FEES & DIRECTOR'S FEES	B6	SALE OF RESIDENCE	A6
FINANCIAL PUBLICATIONS	B13	SALES TAX EXPENSES	QUESTIONS BI0
FOREIGN ACCTS, INCOME & ASSETS <b>VIP</b>	ENG,QUEST B5	<b>ABLE ACCOUNTS</b>	<b>A9</b>
GAMBLING INCOME & LOSSES	B6, B11 QUEST	SAVINGS BONDS	B5
GIFT TAXES	A2, QUEST	SELLER-FINANCED MORTGAGES	B5
HEALTH SAVINGS ACCOUNTS - HSA's	A3, QUEST	SENIOR PROPERTY TAX REIMBURSEMENT	B6
HISTORICAL INFORMATION	B3	SEP PLANS, SIMPLE & QUALIFIED PLANS	A3, B7
HOME OFFICE DEDUCTION	A7,B7	SOCIAL SECURITY BENEFITS	B6
HOMESTEAD BENEFIT	LTR, B6	SOCIAL SECURITY COMPENSATION	A7
IDENTITY THEFT	A4, B6	<b>SPLITTING</b> DIRECT DEPOSIT REFUNDS	B1
INCOME IN RESPECT OF DECEDENT	B6	STATE REFUNDS	B6
INCOME TAX DEDUCTIONS	BI0	STATE USE TAXES <b>VIP</b>	QUESTIONS
INDIVIDUAL RETIREMENT ACCOUNT - IRA	A3, B6,B12	STATUTE OF LIMITATIONS - REFUNDS	A7
INHERITANCE TAXES	A2	STUDENT LOAN INTEREST	B4
INSTALLMENT AGREEMENTS	A7	SUB-S CORP INCOME	B6
INTEREST EXPENSES	B11	TAX TIPS	PACKET A
INTEREST INCOME & TAX EXEMPT INTEREST	B5	TRANSPORTATION EXPENSES	A8, B8
IRA ACCOUNTS & SECURE ACT	A3, A9, B12	TIP INCOME	B6
ITEMIZED DEDUCTIONS	A9	TRUST INCOME	B6
LIKE KIND EXCHANGE	A10		B4
KIDDIE TAX	B13	UNEMPLOYMENT INCOME	B6
LIFETIME LEARNING CREDIT	A6, B4	VETERAN'S EXEMPTION	B6
LIKE-KIND EXCHANGE	A10	VIRTUAL CURRENCY <b>VIP</b>	LTR, QUEST
MEDICAL & DENTAL EXPENSES	BI0	W-2 INCOME	B5
MEDICARE PART B & D & TURNING 65	A4, B10	WILLS	A4