

FELDMAN, HOLTZMAN & COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

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January 2022

Dear Client:

The time for filing your **2021 Income Tax Return** has arrived. In order to ensure that we can give each return the time and attention necessary to do a thorough and accurate job, please provide your information no later than **March 31, 2022**. Information not received at our office by April 1, 2022, will result in your 2021 Income Tax Return being put on extension and not completed until after this year's due date of April 18, 2022.

The enclosed organizer serves as a reminder of the information we will need to complete your return. A copy of the organizer is also available for you to download on our website.

Given that the pandemic is still prevalent throughout the area, it is preferred that you provide your information by mail, email or by dropping the information in the box that will be out front during office hours. Another alternative is a telephone or Zoom call. Should you still want an in-person appointment, please call to schedule as soon as you have received all your documentation. The appointment can be scheduled by any staff member that answers the telephone. If you have recently tested positive, been exposed or are feeling ill the day of your appointment, please call us to re-schedule. Masks are required for all appointments. **No appointments will be made after March 22, 2022.**

Please provide a copy of the IRS Letter received in January 2022 indicating the amount of your 2021 Economic Impact Payment Received (if applicable) and IRS Letter 6419 indicating the amount of any Advanced Child Tax Credits received from July-December 2021 (if applicable).

Most states require driver's license information be included with your tax return. Please include a photocopy of your driver's license with your tax information (front and back if a New York Resident).

Yours truly,

Feldman, Holtzman & Company, LLC

FELDMAN, HOLTZMAN & COMPANY, LLC
Certified Public Accountants

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P.S. We would like to thank those of you who have referred new clients to our office. Clients' recommendations are our most effective, and most gratifying, source of growth.

PERSONAL INFORMATION

Please include a copy of Taxpayer and Spouse's Driver's Licenses (Most States now require it)

	Taxpayer	Spouse
Social Security Number	_____	_____
Name	_____	_____
Address	_____	_____
Occupation	_____	_____
Date of Birth	_____	_____
Telephone Day/Evening	_____	_____
Email Address	_____	_____

Were you and your family all covered for health insurance for all of 2021? Yes No
(Please provide Form 1095-A or Exemption Certificate if covered through exchange)

If you moved in 2021, please provide date of move. _____

DEPENDENT INFORMATION

First Name	Last Name	Date of Birth	SS #	Relationship	2021 College Student (Y/N)	College Tuition Provide Form 1098-T
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

CHILD AND DEPENDENT CARE EXPENSES

Provider information:	Provider #1	Provider #2
Name	_____	_____
Address	_____	_____
Provider SS# or EIN# (required)	_____	_____
Amount Paid in 2021	_____	_____

DIRECT DEPOSIT (IF YOU WOULD LIKE REFUND DIRECT DEPOSITED)

Bank Name	_____	Routing Number	_____
Account Number	_____	Type of Account (Checking-Savings)	_____

ESTIMATED TAX PAYMENTS PAID

Quarter(Due Date)	Federal		State #1		State #2	
	Date	Amount	Date	Amount	Date	Amount
4th 2021 (1/15/21)	_____	_____	_____	_____	_____	_____
1st(4/15/21)	_____	_____	_____	_____	_____	_____
2nd(6/15/21)	_____	_____	_____	_____	_____	_____
3rd(9/15/21)	_____	_____	_____	_____	_____	_____
4th(1/18/22)	_____	_____	_____	_____	_____	_____

ECONOMIC STIMULUS PAYMENT (PLEASE PROVIDE IRS LETTER RECEIVED IN 2022)

2021 Amount received _____

ADVANCED CHILD TAX CREDIT (PLEASE PROVIDE IRS LETTER 6419 RECEIVED IN 2022)

July- December received _____

SALARY AND WAGES

Please provide all copies of Forms W-2 that you receive.

Please provide final 2021 paystub if you worked in New York and another state.

SCHEDULES K-1

Please provide all copies of Schedules K-1 that you receive from Partnerships, S-Corps, Estates and Trusts.

GAMBLING INCOME/LOSSES

Please provide all copies of Forms W-2G that you receive.

	Taxpayer	Spouse
Gambling Losses (only if you have gambling income)	_____	_____

INTEREST INCOME

Please provide all copies of Forms 1099-INT that you receive.

DIVIDEND INCOME

Please provide all copies of Forms 1099-DIV that you receive.

BUSINESS INCOME/RENTAL INCOME

See schedules attached.

SALES OF STOCKS, SECURITIES AND OTHER INVESTMENT PROPERTY

Please provide all copies of Forms 1099-B, 1099-S and HUD Settlement Statements (sales & purchases).

RETIREMENT & OTHER INCOME

Please provide all copies of Form 1099-Misc., Social Security Form SSA, 1099R, etc.

State and Local Income Tax Refunds - please provide Form 1099-G if received.

	Taxpayer	Spouse
Alimony Received	_____	_____
Date of divorce/separation agreement	_____	_____
Unemployment Compensation (provide form)	_____	_____
(Available on state website if not received)	_____	_____

ADJUSTMENTS TO INCOME - IRA CONTRIBUTIONS

Please provide year end statements for each account and any Form 8606 not prepared by this office.

	Taxpayer	Spouse
2021 Traditional IRA contribution	_____	_____
2021 Roth IRA contribution	_____	_____

HIGHER EDUCATION DEDUCTIONS AND/OR CREDITS

Complete this section if you paid interest on a qualified student loan in 2021 for qualified higher education expenses for you, your spouse, or a person who was your dependent when you took out the loan.

Qualified student loan interest paid in 2021

JOB RELATED MOVING EXPENSES (MEMBERS OF THE MILITARY ONLY)

Total expenses if job related _____

OTHER ADJUSTMENTS TO INCOME

Alimony Paid:

Recipient Name	_____	Recipient SS#	_____	2021 Amount paid	_____
Address	_____				
Date of divorce/separation agreement	_____				

	Taxpayer	Spouse
Teacher out-of-pocket expenses:	_____	_____
Adoption expenses:	_____	_____
Energy Efficient Home Improvements (Please provide invoice)	_____	_____

MEDICAL AND DENTAL EXPENSES

	Taxpayer	Spouse	Dependents	Total
Medical and dental expenses	_____	_____	_____	_____
Medical insurance premiums you paid ***	_____	_____	_____	_____
Medicare insurance premiums you paid (Part B & D)	_____	_____	_____	_____
Long-term care premiums you paid	_____	_____	_____	_____
Prescription medicines and drugs	_____	_____	_____	_____
Miles driven for medical items	_____	_____	_____	_____

*** Do not include Medical Insurance deducted out of your wages

TAX EXPENSES

	2021 Amount paid
Sales tax paid on purchase of new car, boat, airplane - provide invoice	_____
Real estate taxes paid - Primary residence	_____
Real estate taxes paid - Additional properties	_____
Personal property taxes	_____
2021 Rent paid (certain States allow deduction)	_____

INTEREST EXPENSES

	2021 Amount paid	
Home mortgage interest: Please provide Forms 1098	_____	
Other, such as Home mortgage interest paid to individuals	_____	
Name _____ SSN _____	2021 Amount paid _____	
Address _____	_____	
	2021 Amount paid _____	
Investment interest expense (Please provide 1099)	_____	
Refinancing information (Provide HUD Statement):		
	Refinance #1	Refinance #2
Bank	_____	_____
Total Points Paid	_____	_____
Date of refinance	_____	_____
Total number of payments to be made	_____	_____

CHARITABLE CONTRIBUTIONS

	Taxpayer	Spouse
Contributions made by cash or check. Please provide exact numbers - attach schedule	_____	_____
Volunteer miles driven	_____	_____
Noncash items, such as: Goodwill, Salvation Army (provide receipts if greater than \$500)	_____	_____

MISCELLANEOUS DEDUCTIONS (AL, AR, CA, HI, MN, NY OR PA RESIDENTS ONLY)

	Taxpayer	Spouse
Unreimbursed business expenses - attach breakdown	_____	_____
Union dues	_____	_____
Tax preparation fees	_____	_____
Safe deposit box rental	_____	_____
Investment expenses, other than on K-1s	_____	_____

FOREIGN ACCOUNTS

Please provide December, 2021 statement for any bank or brokerage accounts held overseas.

2021 SCHEDULE C				
NAME OF PROPRIETOR				
BUSINESS NAME (IF APPLICABLE)				
DESCRIPTION OF BUSINESS				
EMPLOYER ID NUMBER (IF APPLICABLE)				
BUSINESS ADDRESS (IF DIFFERENT FROM HOME ADDRESS) :				
PLEASE PROVIDE COPIES OF ANY 1099S YOU ISSUED				
				2021
				TOTALS
INCOME (INCLUDING 1099'S RECEIVED)				
EXPENSES:				
HEALTH INSURANCE FOR SOLE PROPRIETOR				
LONG-TERM CARE INSURANCE FOR SOLE PROPRIETOR				
PURCHASES, MATERIALS (COST OF GOODS SOLD)				
ADVERTISING				
COMMISSIONS				
INSURANCE (OTHER THAN HEALTH)				
INTEREST				
MEALS				
OFFICE SUPPLIES				
REPAIRS				
SALARIES (PLEASE PROVIDE COPIES OF W-2S ISSUED)				
TRAVEL				
BUSINESS MILEAGE:				
TOTAL MILES DRIVEN IN 2021				
BUSINESS MILES DRIVEN IN 2021				
MAKE, YEAR AND MODEL OF CAR				
FIXED ASSETS:				
PLEASE PROVIDE INVOICES FOR NEW ASSETS PURCHASED IN 2021				
OTHER EXPENSES (PLEASE LIST SEPARATELY):				

