



## 2016 Tax Organizer

### Tax Appointment Checklist:

- \_\_\_\_\_ Complete the Tax Organizer
- \_\_\_\_\_ Review and SIGN Engagement Letter on Pages 10-11  
**(ALL TAXPAYERS MUST SIGN – REQUIRED)**
- \_\_\_\_\_ Prepare copies of all relevant W-2s, 1099s, 1098 and other tax forms
- \_\_\_\_\_ Prepare documentation for business income and expenses  
(We have organizers available to help)
- \_\_\_\_\_ Upload your documents to our SECURE portal – contact us for the link

**NEW CLIENTS:** Please bring a copy of your 2015 Tax Return. We will return it to you. If your spouse is unable to attend the tax appointment, please bring a copy of his/her driver's license.

**IF YOU ARE USING THE PDF FILLIBLE FEATURE, PLEASE PRINT BEFORE EXITING THE FORM. THE INFORMATION WILL NOT SAVE.**



5900 Pasteur Court, Suite 115  
Carlsbad, CA 92008  
(760) 618-1099 Direct  
(888) 909-4836 Fax

[www.SDTaxPros.com](http://www.SDTaxPros.com)

**Existing Clients: Complete "Name", and note any changes to address, spouse, contact and dependent information. Then proceed to questions on page 3.**

## 2016 TAX ORGANIZER

Taxpayer's Name \_\_\_\_\_ Spouse Name \_\_\_\_\_

Taxpayer's SS# \_\_\_\_\_ Spouse SS# \_\_\_\_\_

Taxpayer's D.O.B. \_\_\_\_\_ Spouse D.O.B. \_\_\_\_\_

Occupation \_\_\_\_\_ Spouse Occupation \_\_\_\_\_

Taxpayer's Phone \_\_\_\_\_ Spouse Phone \_\_\_\_\_

Taxpayer E-Mail \_\_\_\_\_ Spouse's E-Mail \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### DEPENDENT INFORMATION

Dependent #1 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

# of Months Lived w/ You in 2016 \_\_\_\_\_ Social Security # \_\_\_\_\_

Dependent #2 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

# of Months Lived w/ You in 2016 \_\_\_\_\_ Social Security # \_\_\_\_\_

Dependent #3 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

# of Months Lived w/ You in 2016 \_\_\_\_\_ Social Security # \_\_\_\_\_

Dependent #4 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

# of Months Lived w/ You in 2016 \_\_\_\_\_ Social Security # \_\_\_\_\_

## General Questions

- 1) Did your address change in 2016? Yes  No
- 2) Did every person in the household have Health Insurance for all of 2016?  
*If YES, provide Form 1095(A) or 1095(B). If NO, provide details.* Yes  No
- 3) In 2016 were either you or your spouse totally and permanently disabled? Yes  No
- 4) In 2016 were either you or your spouse legally blind? Yes  No
- 5) Did you pay for childcare or dependent care for a dependent listed on your tax return?  
*If YES, please provide invoice showing name of caregiver, address, amount paid in 2016 and their tax ID#. Most caregivers provide this information.* Yes  No
- 6) Did you receive Dependent Care Benefits from your employer? Yes  No
- 7) Did you or any of your dependents pay for college expenses in 2016?  
**Please provide copies of any 1098-T forms you receive.** Yes  No
- 8) Did you or any of your dependents have any outstanding college loans in 2016?  
**Provide copies of any 1098-E forms you receive.** Yes  No
- 9) Did you have or adopt a child or begin proceedings in 2016? Yes  No
- 10) Did any of your dependents move out in 2016? Yes  No
- 11) Can someone else claim you as a dependent for 2016? Yes  No
- 12) Did your marital status change in 2016? Yes  No
- 13) Did you pay or receive alimony in 2016?  
*Amount* \_\_\_\_\_ *Name of Payee* \_\_\_\_\_ *SS#* \_\_\_\_\_
- 14) Did you contribute to or take distributions from an education savings account in 2016? Yes  No
- 15) Did you or your spouse receive distributions from a HSA in 2016? Yes  No

## Additional General Questions

16) Did you or your spouse contribute to a HSA in 2016 Yes  No   
**If Yes, please provide details and amounts**

17) Did you pay rent for a personal residence in 2015? If so, you may be eligible for a renters credit. Complete the following if your income is below \$39,000 (single) \$77,000(MFJ) Yes  No

Landlord Name and Address: \_\_\_\_\_

Landlord Phone Number: \_\_\_\_\_ Dates Rented: \_\_\_\_\_

18) Did you purchase a home or any other real estate in 2016? Yes  No   
**If YES, include a copy of the HUD-1 and complete the following:**

1) What type of property did you purchase? (e.g., primary residence, office building, etc.) \_\_\_\_\_

2) Did you utilize retirement savings (e.g., 401k, IRA, etc.) to make this purchase? YES / NO

19) Did you pay any mortgage interest or other interest related to home ownership? Yes  No   
**If YES, include copies of 2016 Form 1098's. If interest paid with no 1098, provide details**

20) Did you sell a home (including a short sale) or any other real estate assets in 2016? Yes  No   
**If YES, include a copy of the HUD-1 (and 1099-s or 1099-C if applicable) and complete the following:**

1) What type of property did you sell? (e.g., primary residence, office building, etc.) \_\_\_\_\_

2) What date was the property originally purchased? \_\_\_\_\_

3) In the 60 months prior to the sale, how many months was this your primary residence? \_\_\_\_\_

4) Were you the owner the entire period this was your primary residence? YES NO

5) Did you rent out any portion during the time you owner it? YES NO

6) What was the original purchase price of the property that was sold? \_\_\_\_\_

7) Home much depreciation did you deduct related to this property? (Home Office) \_\_\_\_\_

8) How much did you pay for major improvements? (New roof, remodeled kitchen) \_\_\_\_\_

9) Did you sell your home due to change of employment or health reasons? YES NO

10) Other than this property, have you sold another primary residence within the 2-year period ending on the date this property was sold? YES NO

## Additional General Questions

- 21) Did you refinance a mortgage or any other loan secured by real estate in 2016? Yes  No   
**If YES, include a copy of the closing statement (HUD-1)**
- 22) Did you own any rental properties in 2016? Yes  No   
**If YES, request RENTAL WORKSHEET**
- 23) Did you pay any real estate taxes or property taxes in 2016 for your personal residence? Yes  No   
**If YES, how much did you pay Property 1\$\_\_\_\_\_Property 2\$\_\_\_\_\_**
- 24) Did you have any energy efficient improvements (doors, windows, solar?) Yes  No
- 25) Did you have an insurable loss or theft in 2016 that was not fully reimbursed? Yes  No
- 26) Did you pay expenses related to searching for or moving for a job in 2016? Yes  No
- 27) Did you purchase a vehicle, boat or airplane in 2016? Yes  No
- 28) Did you pay any vehicle Licensing fees in 2016? Yes  No   
**If YES, how much?** Veh #1 \_\_\_\_\_ Veh #2 \_\_\_\_\_ Veh #3 \_\_\_\_\_  
Veh #4 \_\_\_\_\_ Veh #5 \_\_\_\_\_ Veh #6 \_\_\_\_\_
- 29) Were any of your debts canceled or forgiven in 2016? Yes  No   
**If YES, include copies of all forms 1099-C you received**
- 30) Did you file bankruptcy in 2016? Yes  No
- 31) Did you have any unreimbursed employee expenses in 2016? Yes  No   
Provide relevant information such as mileage, home office, office supplies, etc)
- 32) If you are a teacher, did you have any educator expenses? Yes  No
- 33) Did you receive a damage award or settlement income in 2016? Yes  No
- 34) Did you receive any disability payments in 2016? Yes  No
- 35) Did you pay an individual for domestic services (e.g., nanny) in 2016? Yes  No
- 36) Did you make a gift totaling more than \$14,000 to any individual in 2016? Yes  No
- 37) Did you receive unemployment income in 2016? Yes  No

## Additional General Questions

38) Did you receive any Social Security payments in 2016? Yes  No

39) Did you donate any cash, property or time to a qualified charitable organization? Yes  No   
**If YES, complete the following. If No go to Question 40**

a) Miles Driven in 2016 to perform work on behalf of a charitable organization: \_\_\_\_\_

b) Unreimbursed expenses incurred while providing services to a charitable organization: \_\_\_\_\_

c) **On a separate sheet of paper**, list each donation you made in 2016 to a qualified charity or religious organization. Include membership dues you paid to belong to a church, synagogue, etc. If you made more than one donation to the same organization, list each donation separately. Include:

1. Date of the donation
2. Name and address of the charitable organization
3. Description of the donation (e.g., cash, clothing, etc.)
4. Condition of the item donated
5. Fair market value of the donation (see below)
6. Value of any goods or services you received in return for your donation

For vehicle donations, send a copy of the statement provided by the organization you donated to. For items valued at more than \$5,000, send copies of the appraisals.

**Fair Market Value** – For most household items and clothing, you can estimate the value based on what the items would sell for at a thrift shop. Your local Goodwill store will send you a free Donation Value Guide. Just call (800) 664-6577 and enter your zip code to contact a Goodwill store in your area.

40) Did you have any unreimbursed medical or dental related costs in 2016? Yes  No

**If YES, please complete the details below:** Include health related expenses you paid in 2016 for yourself, spouse and dependents. Include co-payments to physicians, pharmacies, etc. However, **DO NOT INCLUDE** any insurance premiums that were withheld from your paycheck on a pre-tax basis or any expenses that were (or will be) reimbursed from any type of tax-advantaged account (e.g., Health Savings Acct). **If No go to question 41**

Miles Driven For Medical \_\_\_\_\_ Contacts & Eyeglasses \_\_\_\_\_

Prescription Medications \_\_\_\_\_ Long-Term Healthcare \_\_\_\_\_

Health & Dental Premiums \_\_\_\_\_ Medicare Part B Premiums \_\_\_\_\_

Doctors, Dentists, etc. \_\_\_\_\_ Medical Equip & Supplies \_\_\_\_\_

Hospitals, Clinics, Lab Fees \_\_\_\_\_ Contributions to HSA Acct \_\_\_\_\_

Other: \_\_\_\_\_

41) Did you receive a state tax refund in 2016 for any previous tax years? Yes  No

## Additional General Questions

- 42) Did you make any quarterly estimated income tax payments in 2016? Yes  No   
**If YES, complete the following:**

<u>Agency</u>	<u>April 15, 2016</u>	<u>June 15, 2016</u>	<u>Sept. 15, 2016</u>	<u>Jan. 15, 2017</u>
IRS (US Treasury)	_____	_____	_____	_____
State of CA	_____	_____	_____	_____

- 43) Did you start or run your own sole proprietorship type business and/or receive independent contractor income or other non-employee compensation? Yes  No   
**If YES, request BUSINESS OWNER supplement**

- 44) Did you own an interest in a partnership, LLC, S-Corp or trust in 2016? Yes  No   
**If YES, include copies of all K-1's you receive**

- 45) Did you receive any royalties or operate a farm in 2016? Yes  No

- 46) Do you or your spouse have any IRA, SEP or SIMPLE retirement plans? Yes  No   
**If yes, did either of you make withdrawals this year? Yes \_\_\_\_\_ No \_\_\_\_\_**

- 47) Do you or your spouse have a 401(k) plan held at a previous employer? Yes  No

- 48) Did you convert part or all of a traditional IRA to a Roth IRA in 2016? Yes  No

- 49) Did you contribute to an IRA in 2016? Yes  No   
**If YES, Please complete the following:**

Contributions to a **NON**-employer retirement plan in 2016 or before April 17<sup>th</sup>, 2017 for **SELF**?

Type:            SEP-IRA      Traditional IRA      Roth IRA                                  Other\_\_\_\_\_

Amount: \$\_\_\_\_\_ Date Contributed: \_\_\_\_\_ Plan Year: 2016 / 2017 Self / Spouse

Contributions to a **NON**-employer retirement plan in 2016, or before April 17<sup>th</sup>, 2017 for **SPOUSE**?

Type:            SEP-IR      Traditional IRA      Roth IRA                                  Other\_\_\_\_\_

Amount: \$\_\_\_\_\_ Date Contributed: \_\_\_\_\_ Plan Year: 2016 / 2017 Self / Spouse

- 50) Do you or your spouse have a Life Insurance Policy (other than company provided)? Yes  No   
**If yes, was there a withdrawal from a Cash Value Balance? Yes \_\_\_\_\_ No \_\_\_\_\_**

## Additional General Questions

51) Did you or your spouse receive Interest or Dividend income in 2016? Yes  No   
**If yes, please provide 1099-Int/1099-Div**

52) Did you exercise any *employer* stock option or receive stock option grants in 2016? Yes  No   
**If YES, include a detailed description INCLUDING your cost basis**

53) Did you pay margin interest or other investment related expenses in 2016? Yes  No   
**If YES, please complete the following:**

1) How much margin interest did you pay in 2016? \$ \_\_\_\_\_

2) What other investment expenses did you incur in 2016? (Include financial planning fees & investment management fees)  
\_\_\_\_\_

54) Did your 2015 tax return contain a Capital Loss Carry Forward? Unsure  Yes  No

55) Did you buy or sell any stocks, bonds or mutual funds? (Exclude retirement accounts) Yes  No   
**If YES, send copies of year-end statements and 1099-B forms you receive**

56) Did you reside in, receive income from, or pay taxes to a foreign country in 2016? Yes  No   
**If YES, provide the date you first established residence in the foreign country (if applicable) as well as, a detailed narrative regarding the income you earned, housing provided by employer, housing expenses, taxes and other expenses you paid out of pocket, and dates to traveled to and from the United States.**

57) Did you have authority over a financial account in a foreign country in 2016? Yes  No

58) If you are due a refund, would you like to establish Direct Deposit? Yes  No   
**If Yes, please complete information:**

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

Bank Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### Please Include Voided Check

59) Did you buy or sell any stocks, bonds or mutual funds? (Exclude retirement accounts) Yes  No   
**If YES, send copies of year-end statements and 1099-B forms you receive**

## Additional General Questions

60) Would you be interested in purchasing our IRS/FTB audit protection Insurance (\$35)? Yes  No   
**If no, please initial here \_\_\_\_\_**



\*\*\*DID YOU OR YOUR SPOUSE RECEIVE ANY INCOME OR GAINS/LOSSES IN 2016 THAT HAS NOT BEEN ALREADY COVERED ON THIS FORM? \*\*\*

If yes, please provide details:

---

---

---

## Income Document Source Checklist

(Check all that apply and INCLUDE the respective Forms)

- |  |  |
|--|--|
| <input type="checkbox"/> Wages (W-2's)                             | <input type="checkbox"/> Pension & Annuity (1099-R)      |
| <input type="checkbox"/> Interest (1099-Int)                       | <input type="checkbox"/> Partnerships, S Corp, LLC (K-1) |
| <input type="checkbox"/> Dividends (1099-Div)                      | <input type="checkbox"/> Estate or Trust (K-1)           |
| <input type="checkbox"/> State & Local Refunds (1099-G)            | <input type="checkbox"/> Unemployment (UC-1099-G)        |
| <input type="checkbox"/> Alimony Received \$_____                  | <input type="checkbox"/> Social Security (1099-SSA)      |
| <input type="checkbox"/> Stocks/Mutual Fund Sales (1099-B)         | <input type="checkbox"/> Commissions & Fees (1099-Misc)  |
| <input type="checkbox"/> IRA Distributions (1099-R)                | <input type="checkbox"/> Prizes/Gambling Income (W-2G)   |
| <input type="checkbox"/> Foreign account income details/statements | <input type="checkbox"/> HSA (1099-SA)                   |

---

**PLEASE REVIEW AND SIGN OUR ENGAGEMENT LETTER ON PAGES 10&11. WE CANNOT BEGIN YOUR RETURN UNTIL THIS FORM IS SIGNED AND SUBMITTED.**



5900 Pasteur Court, Suite 115  
Carlsbad, CA 92008  
(760) 618-1099 Direct  
(888) 909-4836 Fax

[www.SDTaxPros.com](http://www.SDTaxPros.com)

## Engagement Letter

I/we \_\_\_\_\_

(Print Name(s) Here)

hereby engage San Diego Tax & Financial Associates (SDTFA) to prepare my individual (1040) Federal and California income tax returns for the year ended December 31<sup>st</sup>, 2016. I understand that if additional state or local returns are required there will be an additional fee, based on the time required to prepare those returns. I also understand that it is my responsibility to provide SDTFA with all of the information required to complete my return. In that regard I state that, to the best of my knowledge and belief:

1. I have provided true, correct and complete information regarding my income as listed on the attached schedules, computer disk, tax organizers, W-2's, 1099's, and/or attached written summaries. I understand it is my responsibility to provide all the necessary information necessary to complete the returns. I will retain for 4 years all the documents, receipts, canceled checks and other records required to substantiate the items of income and expenses on my return.
2. I have provided true, correct and complete information regarding amounts I have provided to SDTFA to claim as tax deductions, and have maintained written documentation supporting all amounts, including logbooks and receipts. I understand that if a question arises regarding the interpretation of tax law, and a conflict exists between the tax authorities' interpretation of the law, and other supportable positions, that SDTFA will use their professional judgment in resolving the issues.
3. I understand that taxing authorities may examine my returns, that documentation should be retained to support the information I provide to SDTFA, especially business travel and entertainment deductions, business use of automobiles and other assets, barter activities, and that penalties may be imposed on returns that are late, underpaid or incorrect.
4. I understand that SDTFA will not audit or otherwise verify any information, that SDTFA may require clarification or additional information, that SDTFA is not responsible for disallowed deductions, or the inclusion of additional unreported income or any resulting taxes, penalties or interest.
5. I understand that I will be charged an additional fee if SDTFA is asked to assist me in a tax inquiry. I understand that, in the event of preparer error, I am responsible for additional tax and interest that may be due, but that the extent of SDTFA's responsibility is to pay for any penalty that the IRS or the state revenue department may assess.
6. I will contact you immediately if I discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities.



5900 Pasteur Court, Suite 115  
Carlsbad, CA 92008  
(760) 618-1099 Direct  
(888) 909-4836 Fax

www.SDTaxPros.com

### **Engagement Letter (Continued)**

7. I understand that SDTFA's policy is to put all tax advice in writing, and that I will not rely upon any unwritten advice because it may be tentative, incomplete, or not fully reviewed.
8. I understand that SDTFA's bill will be due and payable upon completion of these returns, and that additional services will not be performed until the bill for these services is paid in full.
9. I understand that SDTFA will not file any federal, state or local tax extensions without my specific request in writing, by fax or e-mail.
10. I understand that if SDTFA does not receive **ALL** information to complete my returns by April 1st, 2017, SDTFA may need to file an extension, and additional fees will apply.
11. I understand that an extension is good for late filing penalty, but late payment penalties and interest charges will be assessed if monies are owed with my tax returns.
12. I understand that it is my responsibility to carefully examine and approve my completed tax returns before signing and submitting them to the tax authorities.
13. I will note at the bottom of this letter, any additional returns required.

### **RECORD RETENTION**

In accordance with our firm's current document retention policy we will retain your tax returns for your engagement for four years. We will provide you with a copy of the depreciation schedules and tax returns that should be a part of your books and records. If you should need replacements, we will provide additional copies at our standard copying fees. All of your original records will be returned to you. After four years, your files will no longer be available. Physical deterioration or catastrophic events may shorten the term that our records will be available. The working papers and files of our firm are not a substitute for the original records.

I have read, understand and accept the conditions of the engagement letter and the record retention policy discussed above.

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised 12/2016*



5900 Pasteur Court, Suite 115  
Carlsbad, CA 92008  
(760) 618-1099 Direct  
(888) 909-4836 Fax

[www.SDTaxPros.com](http://www.SDTaxPros.com)

## Privacy Notice

We value our clients and their privacy is important to us. Please read our privacy policy below.

We collect nonpublic personal information about our clients from various sources, including the following:

- ✦ Information we receive from interviews regarding clients' tax situations
- ✦ Information we receive on applications, organizers, or by other means, such as client names, addresses, telephone numbers, Social Security Numbers, dependents, income and other tax-related data
- ✦ Information from tax related documents that we require from our clients in order to process their returns (Forms W-2, 1099R, 1099-INT, 1099-DIV and stock transactions, etc.)

We do not disclose any nonpublic personal information about our clients or former clients to anyone except as requested by our clients or as required by law.

We restrict access to nonpublic personal information concerning our clients except to employees who need access to such information in order to provide products or services. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard all nonpublic personal information.

For questions about our privacy policy, please contact us.

Sincerely,

*San Diego Tax & Financial Associates*

*Revised 12/2016*