



2015 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)
- _____ DO NOT Use Apple Maps for Directions – We recommend MapQuest

NEW CLIENTS: Please bring a copy of your 2014 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
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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.

2015 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 _____ Social Security # _____

Dependent #2 _____ Date of Birth _____

Relationship _____ # of Months Lived w/ You _____ Social Security # _____

Dependent #3 _____ Date of Birth _____

Relationship _____ # of Months Lived w/ You _____ Social Security # _____

Dependent #4 _____ Date of Birth _____

Relationship _____ # of Months Lived w/ You _____ Social Security # _____

General Questions

- 1) Did every person in the household have Health Insurance for all of 2015? Yes No
If YES, provide Form 1095(A) or 1095(B). If NO, provide details.
- 2) Did you pay for childcare or dependent care for a dependent listed on your tax return? Yes No
If YES, please provide invoice showing name of caregiver, address, amount paid in 2015 and their tax ID#. Most caregivers provide this information.
- 3) Did you receive Dependent Care Benefits from your employer? Yes No
- 4) Did you receive a state tax refund in 2015 for *any* previous tax years? Yes No
If YES, provide form 1099-G from the state showing amount received.
- 5) Did you pay rent for a personal residence in 2015? If so, you may be eligible for a renters credit. Complete the following: Yes No
Landlord Name and Address: _____
Landlord Phone Number: _____
Dates Rented: _____
- 6) If you are a teacher, did you have any educator expenses? Yes No
- 7) Did your marital status change in 2015? Yes No
- 8) Did your address change in 2015? Yes No
- 9) Can someone else claim you as a dependent for 2015? Yes No
- 10) Did you have or adopt a child or begin proceedings in 2015? Yes No
- 11) Did any of your dependents move out in 2015? Yes No
- 12) Did you make any quarterly estimated income tax payments in 2015? Yes No
If YES, complete the "Estimated Payments" section on page 7
- 13) Did you have any unreimbursed medical or dental related costs in 2015? Yes No
If YES, complete the "Medical & Dental Costs" section on page 7

Additional General Questions

- 14) Did you pay any mortgage interest or other interest related to home ownership? Yes No
If YES, include copies of 2015 Form 1098's. If interest paid with no 1098, provide details.
- 15) Did you pay any real estate taxes or other property taxes in 2015? Yes No
If YES, include copies of statements showing property taxes paid in 2015
- 16) Did you pay any vehicle registration fees in 2015? Yes No
If YES, include copies of your vehicle registration statements and amount paid
- 17) Did you donate any cash, property or time to a qualified charitable organization? Yes No
If YES, complete "Charitable Contributions" section on page 8
- 18) Did you pay expenses related to searching for or moving for a job in 2015? Yes No
- 19) Did you have any unreimbursed employee expenses in 2015? Yes No
Provide relevant information such as mileage, home office, office supplies, etc)
- 20) Did you have an insurable loss or theft in 2015 that was not fully reimbursed? Yes No
- 21) Did you have any energy efficient improvements (doors, windows, solar?) Yes No
- 22) Did you or any of your dependents make pay for college expenses in 2015? Yes No
Provide copies of any 1098-T forms you receive.
- 23) Did you or any of your dependents have any outstanding college loans in 2015? Yes No
Provide copies of any 1098-E forms you receive.
- 24) 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 _____
- 25) Do you or your spouse have a 401(k) plan held at a previous employer? Yes No
- 26) Did you contribute to or take distributions from an education savings account in 2015? Yes No
If YES, include COPIES of statements showing amounts contributed or distributed
- 27) Did you pay margin interest or other investment related expenses in 2015? Yes No
If YES, complete "Investment Expenses" section on page 8
- 28) 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

- 29) Did you exercise any *employer* stock option or receive stock option grants in 2015? Yes No
If YES, include a detailed description INCLUDING your cost basis
- 30) Did you contribute to an IRA in 2015? Yes No
If YES, complete "Retirement Plan Contributions" section on page 8
- 31) Did you convert part or all of a traditional IRA to a Roth IRA in 2015? Yes No
- 32) 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 _____
- 33) Did you purchase a home or any other real estate in 2015? Yes No
If YES, include a copy of the HUD-1 and complete the "Real Estate Purchase" section on page 9
- 34) Did you refinance a mortgage or any other loan secured by real estate in 2015? Yes No
If YES, include a copy of the closing statement (HUD-1)
- 35) Did you own any rental properties in 2015? Yes No
If YES, request RENTAL WORKSHEET
- 36) Did you sell a home (including a short sale) or any other real estate assets in 2015? Yes No
If YES, include a copy of the HUD-1 (and 1099-s or 1099-C if applicable) and complete the "Real Estate Sales" section on page 9)
- 37) Did you pay or receive alimony in 2015? Yes No
- 38) Did you receive a damage award or settlement income in 2015? Yes No
- 39) Did you receive any disability payments in 2015? Yes No
- 40) Did you receive any royalties or operate a farm in 2015? Yes No
- 41) 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
- 42) Did you own an interest in a partnership, LLC, S-Corp or trust in 2015? Yes No
If YES, include copies of all K-1's you receive
- 43) Did you purchase a vehicle, boat or airplane in 2015? Yes No
- 44) Did you make a gift totaling more than \$14,000 to any individual in 2015? Yes No

Additional General Questions

- 45) Did you pay an individual for domestic services (e.g., nanny) in 2015? Yes No
- 46) Were any of your debts canceled or forgiven in 2015? Yes No
If YES, include copies of all forms 1099-C you received
- 47) Did you file bankruptcy in 2015? Yes No
- 48) Did you reside in, receive income from, or pay taxes to a foreign country in 2015? 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.
- 49) Did you have authority over a financial account in a foreign country in 2015? Yes No
- 50) If you are due a refund, would you like to establish Direct Deposit? Yes No
If Yes, complete Direct Deposit section on page 9.

Concerns and/or questions to discuss with preparer: _____

***DID YOU OR YOUR SPOUSE RECEIVE ANY INCOME IN 2015 THAT HAS NOT BEEN ALREADY COVERED ON THIS FORM?

If yes, please provide details: _____

PLEASE REVIEW AND SIGN OUR ENGAGEMENT LETTER ON PAGES 9-10. WE CANNOT BEGIN YOUR RETURN UNTIL THIS FORM IS SIGNED AND SUBMITTED.

Income Sources

(Check all that apply and INCLUDE the respective Forms)

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

Did you receive interest in ANY foreign account? Yes No

2015 Estimated Tax Payments

(Complete ONLY if you answered YES to Question #12)

<u>Agency</u>	<u>April 15, 2015</u>	<u>June 15, 2015</u>	<u>Sept. 15, 2015</u>	<u>Jan. 15, 2016</u>
IRS (US Treasury)	_____	_____	_____	_____
State of CA	_____	_____	_____	_____

Medical & Dental Expenses

(Complete ONLY if you answered YES to question #6)

Include health related expenses you paid in 2015 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).

- | | | | |
|------------------------------|-------|---------------------------|-------|
| 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: | _____ | | |

Charitable Contributions

(Complete ONLY if you answered YES to Question #17)

- 1) Miles Driven in 2015 to perform work on behalf of a charitable organization: _____
- 2) Unreimbursed expenses incurred while providing services to a charitable organization: _____
- 3) **On a separate sheet of paper**, list each donation you made in 2015 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.

Investment Expenses

(Complete ONLY if you answered YES to Question #27)

- 1) How much margin interest did you pay in 2015? \$ _____
- 2) What other investment expenses did you incur in 2015? (Include financial planning fees & investment management fees)

Retirement Plan Contributions

(Complete ONLY if you answered YES to Question #30)

Contributions to a non-employer retirement plan in 2015 or before April 18th, 2016 for SELF?

Type: SEP-IRA Traditional IRA Roth IRA Other _____

Amount: \$ _____ Date Contributed: _____ Plan Year: 2015 / 2016 Self / Spouse

Contributions to a non-employer retirement plan in 2014, or before April 18th, 2016 for SPOUSE?

Type: SEP-IRA Traditional IRA Roth IRA Other _____

Amount: \$ _____ Date Contributed: _____ Plan Year: 2015 / 2016 Self / Spouse

Real Estate Purchases

(Complete ONLY if you answered YES to Question #33)

- 1) What type of property did you purchase? (e.g., primary residence, office building, etc.) _____
 - 2) If you purchased a primary residence, was this your first ever purchase of a first time residence? YES NO
 - 3) Did you utilize retirement savings (e.g., 401k, IRA, etc.) to make this purchase? YES NO
If YES, provide details.
-

Real Estate Sales

(Complete ONLY if you answered YES to Question #36)

- 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
-

Direct Deposit (If Refund Eligible)

Bank Name: _____ Bank Phone: _____
Bank Routing Number: _____ Account Number: _____

Please Include Voided Check



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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 31st, 2015. 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.



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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, 2016, 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 01/2016



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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 01/2016