



2019 Tax Organizer

Tax Appointment Checklist:

- _____ Complete the Tax Organizer
- _____ Review and SIGN Engagement Letter on Pages 9-10
(ALL TAXPAYERS MUST SIGN – REQUIRED)
- _____ Prepare copies of all relevant W-2s, 1099s, 1098 and other tax forms
- _____ Prepare documentation for business income/expenses, rental properties
(We have organizers available to help)
- _____ Upload your documents to our SECURE portal prior to your
appointment – contact us for the link
- _____ The IRS require us to have a copy of the Driver’s License for the
Primary Taxpayer and spouse (if applicable)

NEW CLIENTS: Please bring a copy of your 2018 Tax Return. We will return it to you.

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

5411 Avenida Encinas – Suite 180 – Carlsbad, CA 92008 – (760) 618-1099
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Existing Clients: Complete "Name", and note any changes to address, spouse, contact and dependent information. Then proceed to questions on page 3.

2019 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's Email _____ Spouse's E-Mail _____

Street Address _____

City, State, Zip _____

DEPENDENT INFORMATION

Dependent #1 _____ Date of Birth _____ Relationship _____

of Months Lived w/ You in 2019 _____ Social Security # _____

Dependent #2 _____ Date of Birth _____ Relationship _____

of Months Lived w/ You in 2019 _____ Social Security # _____

Dependent #3 _____ Date of Birth _____ Relationship _____

of Months Lived w/ You in 2019 _____ Social Security # _____

Dependent #4 _____ Date of Birth _____ Relationship _____

of Months Lived w/ You in 2019 _____ Social Security # _____

General Questions

- 1) Did your address change in 2019? If you moved State please advise us of the date. Yes No
- 2) a) Did every person in the household have Health Insurance for all of 2019? Yes No
If YES, provide Form 1095(B). If NO, provide details.
- b) Did you purchase Health Insurance through the Marketplace eg Covered California. Yes No
If Yes, provide Form 1095(A).
- 3) In 2019 were either you or your spouse totally and permanently disabled? Yes No
- 4) In 2019 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? Yes No
If YES, please provide invoice showing name, address, and telephone number of caregiver and amount paid in 2019 and their tax ID#. Most caregivers provide this information.
- 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 2019? Yes No
Please provide copies of any 1098-T forms you receive.
- 8) Did you or any of your dependents have any outstanding college loans in 2019? Yes No
Provide copies of any 1098-E forms you receive.
- 9) Did you have or adopt a child or begin proceedings in 2019? Yes No
- 10) Did any of your dependents move out in 2019? Yes No
- 11) Can someone else claim you as a dependent for 2019? Yes No
- 12) Did your marital status change in 2019? Yes No
- 13) Did you pay or receive alimony in 2019? Yes No
Amount _____ ***From/To*** _____ ***SS#*** _____
- 14) Did you contribute to or take distributions from an education savings account in 2019? Yes No
- 15) Did you or your spouse receive distributions from a Health Savings Account in 2019? Yes No
a) If Yes, was it all used for qualified Medical expenses? Yes No
- 16) Did you or your spouse contribute to a Health Savings Account in 2019? Yes No
If Yes, please provide details and amounts

Additional General Questions

- 17) Did you have an insurable loss or theft in 2019 that was not fully reimbursed?(for State) Yes No
- 18) Did you pay expenses related to searching for, or moving for, a job in 2019? (for State) Yes No
- 19) Did you file bankruptcy in 2019? Yes No
- 20) Did you pay rent for a personal residence in 2019? If so, you may be eligible for a renters credit. **Complete the following if your income is below \$40,000 (single) \$80,000(MFJ)** Yes No

Landlord Name and Address: _____

Landlord Phone Number: _____ Dates Rented: _____

- 21) Did you purchase a home or any other real estate in 2019? Yes No
If YES, include a copy of the Final Closing Statement.
- a) Did you utilize retirement savings (e.g., 401k, IRA, etc.) to make this purchase? Yes No
- 22) a) Did you pay any mortgage interest or other interest related to home ownership? Yes No
If YES, include copies of 2019 Form 1098's. If interest paid with no 1098, provide details
- b) Was all the outstanding balance used for purchase or home improvements? Yes No
- 23) Did you sell a home or any other real estate assets in 2019? Yes No
If YES, include a copy of the Closing Statement (and 1099-s or 1099-C if applicable)
- 24) Did you refinance a mortgage or any other loan secured by real estate in 2019? Yes No
If YES, include a copy of the Final Closing Statement
- 25) Did you own any rental properties in 2019? Yes No
If YES, request RENTAL WORKSHEET
- 26) Did you pay any real estate taxes or property taxes in 2019 for your personal residence? Yes No
If YES, how much did you pay Property 1- \$_____ Property 2- \$_____
- 27) Did you install solar panels, wind or geothermal systems or buy an electric car? Yes No
- 28) Have you ever carried out home improvements to your personal home utilizing the HERO program? Yes No
- 29) Did you purchase a vehicle, boat or airplane in 2019? Yes No
- 30) Did you pay any Vehicle Licensing fees in 2019? Yes No
If YES, how much? Veh #1 _____ Veh #2 _____ Veh #3 _____
 Veh #4 _____ Veh #5 _____ Veh #6 _____

Additional General Questions

- 31) Were any of your debts canceled or forgiven in 2019? Yes No
If YES, include copies of all forms 1099-C you received
- 32) If you are a K-12 teacher, did you have any educator expenses? Yes No
- 33) Did you have any unreimbursed employee expenses in 2019? (State use only) Yes No
Provide relevant information such as mileage, home office, office supplies, etc.
- 34) Did you receive a damage award or settlement income in 2019? Yes No
- 35) Did you receive any disability payments in 2019? Yes No
- 36) Did you pay an individual for domestic services (e.g., nanny) in 2019? Yes No
- 37) Did you make a gift totaling more than \$15,000 to any individual in 2019? Yes No
- 38) Did you receive unemployment income in 2019? Yes No
- 39) Did you receive any Social Security payments in 2019? Yes No
- 40) Did you have any unreimbursed medical or dental related costs in 2019? Yes No

If YES, please complete the details below: Include health related expenses you paid in 2019 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 2019 for any previous tax years? Yes No
- 42) 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
- 43) Did you own an interest in a partnership, LLC, S-Corp or trust in 2019? Yes No
If YES, include copies of all K-1's you receive

Additional General Questions

44) Did you receive any royalties or operate a farm in 2019? Yes No

45) 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 46

a) Miles Driven in 2019 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 2019 to a qualified charity or religious organization. Include membership dues you paid to belong to a church, synagogue, etc. Include:

1. Date of the donation and the name and address of the charitable organization
2. Description of the donation (e.g., cash, clothing, etc.) and its condition
3. Fair market value of the donation
4. 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.

46) Did you make any quarterly estimated income tax payments in 2019? Yes No

If YES, complete the following:

<u>Agency</u>	<u>April 15, 2019</u>	<u>June 15, 2019</u>	<u>Sept. 15, 2019</u>	<u>Jan. 15, 2020</u>
IRS (US Treasury)	_____	_____	_____	_____
State of CA	_____	_____	_____	_____

47) 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 _____

48) Did you convert part or all of a traditional IRA to a Roth IRA in 2019? Yes No

49) Did you contribute to an IRA in 2019? Yes No

If YES, Please complete the following:

Contributions to a **NON**-employer retirement plan in 2019 or before April 15th, 2020 for **SELF**?

Type: SEP-IRA Traditional IRA Roth IRA Other _____

Amount: \$ _____ Date Contributed: _____ Plan Year 2019 2020

Contributions to a **NON**-employer retirement plan in 2019, or before April 15th, 2020 for **SPOUSE**?

Type: SEP-IRA Traditional IRA Roth IRA Other _____

Amount: \$ _____ Date Contributed: _____ Plan Year 2019 2020

Additional General Questions

- 50) Do you or your spouse have a 401(k) plan held at a previous employer? Yes No
- 51) 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 _____
- 52) Did you or your spouse receive Interest or Dividend income in 2019? Yes No
If yes, please provide 1099 Int/Div
- 53) Did you exercise any *employer* stock option or receive stock option grants in 2019? Yes No
If YES, include a detailed description INCLUDING your cost basis
- 54) Did you pay margin interest or other investment related expenses in 2019? (for State) Yes No
If YES, please complete the following:
- 1) How much margin interest did you pay in 2019? \$ _____
- 2) What other investment expenses did you incur in 2019? Include financial planning fees & investment management fees (for State)

-
- 55) Did your 2018 tax return include a “capital loss carryover” ? Unsure Yes No
- 56) 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
- 57) Did you reside in, receive income from, or pay taxes to a foreign country in 2019? 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 you traveled to and from the United States.
- 58) Did you have authority over a financial account in a foreign country in 2019? Yes No
- 59) If you have foreign accounts exceeding \$10,000, will we be filing your FinCEN 117 (FBAR) at \$75 per FBAR? Yes No
- 60) At any time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No
- 61) Would you be interested in purchasing our IRS/FTB audit protection Insurance for 10% of your tax preparation fee. **If no, please initial here** _____
- 62) During 2019, did you make any purchases out of state requiring California State Use Tax to be paid? Yes No

Additional General Questions

- 63) 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 a Voided Check if this is your first time using an account with us

*****DID YOU OR YOUR SPOUSE RECEIVE ANY INCOME OR GAINS/LOSSES IN 2019 THAT HAS NOT BEEN ALREADY COVERED ON THIS FORM? *****

If yes, please provide details:

Important Tax Planning Considerations

- 1) Are you planning to Buy/Sell your primary residence or a rental property in 2020? Yes No
- 2) Are you considering refinancing your home or a rental property in 2020? Yes No
- 3) Do you think you will change employment or retire in 2020? Yes No
- 4) Will you be enrolling in Medicare in 2020? Yes No
- 5) Are you considering taking your social security for the first time in 2020? Yes No
- 6) Are you planning to make a will or draw up a Trust in 2020? Yes No

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



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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, 2019. 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, 2019, 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 12/2019



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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 non-public 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 non-public personal information.

For questions about our privacy policy, please contact us.

Sincerely,

San Diego Tax & Financial Associates

Revised 12/2019