



2020 Tax Organizer

Tax Appointment Checklist:

- _____ Complete the Tax Organizer: You are responsible for the information on your return. Please provide complete and accurate information.
- _____ 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 2019 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
www.SDTaxPros.com



5411 Avenida Encinas, Suite 180
Carlsbad, CA 92008
(760) 618-1099 Direct
(888) 909-4836 Fax

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.

2020 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's Name	SS#	DOB	Relationship To You	# of Months Lived With you in 2020	US Citizen Y/N	F/T Student Y/N	Dependent's Income in 2020
							\$
							\$
							\$
							\$

General Questions

- 1) Did your address change in 2020? If you moved States please advise us of the date. Yes ☐ No ☐
- 2) Did every person in the household have Health Insurance for all of 2020? Yes ☐ No ☐
 -Did you purchase Health Insurance through the Marketplace eg Covered California. Yes ☐ No ☐
If YES, provide Form 1095(A) and California form 3895.
- 3) In 2020 were either you or your spouse totally and permanently disabled and/or blind? Yes ☐ No ☐
- 4) Did you pay for childcare or dependent care for a dependent listed on your tax return? Yes ☐ No ☐
If YES, provide name, address, phone, tax Id of caregiver and amounts paid
- 5) Did you receive Dependent Care Benefits from your employer? Yes ☐ No ☐
- 6) Did you or any of your dependents pay for college expenses in 2020? Yes ☐ No ☐
We require form 1098-T forms, available form the educational institution.
- 7) Did you or any of your dependents have any outstanding college loans in 2020? Yes ☐ No ☐
Provide copies of any 1098-E forms you receive.
- 8) Did you have or adopt a child or begin proceedings in 2020? Yes ☐ No ☐
- 9) Did any of your dependents move out in 2020? Yes ☐ No ☐
- 10) Can someone else claim you as a dependent for 2020? Yes ☐ No ☐
- 11) Did your marital status change in 2020? Yes ☐ No ☐
- 12) Did you pay or receive alimony in 2020? Yes ☐ No ☐
Amount _____ From/To _____ SS# _____ Divorce date _____
- 13) Did you contribute to or take distributions from an education savings account in 2020? Yes ☐ No ☐
- 14) Did you or your spouse receive distributions from a Health Savings Account in 2020? Yes ☐ No ☐
 a) If YES, was it all used for qualified Medical expenses? Yes ☐ No ☐
- 15) Did you contribute to a Health Savings Account outside your employer. Yes ☐ No ☐
If YES, provide amounts contributed:\$ _____
- 16) Did you have an insurable loss or theft in 2020 that was not fully reimbursed?(for State) Yes ☐ No ☐
- 17) Did you file bankruptcy in 2020? Yes ☐ No ☐

Additional General Questions

- 18) Did you receive any income from the following sources? Please check all that apply and provide the relevant tax documents eg 1099

SOURCE	Y/N	# Of Documents
W-2		
Social Security		
Unemployment		
Paid Family Leave/Disability		
State Refund		

SOURCE	Y/N	# Of Documents
IRA/401k Withdrawal		
Other Pension Distribution		
Interest/Dividends		
K-1's		
Other		

- 19) Did you pay rent for a personal residence in 2020? If so, you may be eligible for a renters credit. **Complete the following only if your income is below \$42,000 (single) \$84,000(MFJ)** Yes ☐ No ☐

Landlord Name and Address: _____

Landlord Phone Number: _____ Dates Rented: _____

- 20) Did you purchase a home or any other real estate in 2020? 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 ☐

- 21) a) Did you pay any mortgage interest or other interest related to home ownership? Yes ☐ No ☐
If YES, include copies of 2020 Form 1098's. If interest paid with no 1098, provide details

b) Was any of the balance used to pay off debt, or purchase anything other than the home or home improvements? If YES, how much \$ _____ Yes ☐ No ☐

- 22) Did you sell a home or any other real estate assets in 2020? Yes ☐ No ☐
If YES, include a copy of the Closing Statement (and 1099-S)

- 23) Did you refinance a mortgage or any other loan secured by real estate in 2020? Yes ☐ No ☐
If YES, include a copy of the Final Closing Statement

- 24) Did you own any rental properties in 2020? Yes ☐ No ☐
If YES, request RENTAL supplement

- 25) Did you pay any real estate taxes or property taxes for your **personal residence**? Yes ☐ No ☐
If YES, how much did you pay Property 1- \$ _____ Property 2- \$ _____

- 26) Did you install solar panels, wind or geothermal systems or buy an electric car? Yes ☐ No ☐

Additional General Questions

- 27) Have you ever carried out home improvements to your personal home utilizing the HERO program? Yes ☐ No ☐
- 28) Did you purchase a vehicle, boat or airplane in 2020? Yes ☐ No ☐
If yes, how much sales tax did you pay on this purchase? \$ _____
- 29) Did you pay any Vehicle Licensing fees in 2020? Yes ☐ No ☐
If YES, how much? Veh #1 _____ Veh #2 _____ Veh #3 _____
Veh #4 _____ Veh #5 _____ Veh #6 _____
- 30) Were any of your debts canceled or forgiven in 2020? Yes ☐ No ☐
If YES, include copies of all forms 1099-C you received
- 31) If you are a K-12 teacher, did you have any educator expenses? Yes ☐ No ☐
- 32) Did you have any unreimbursed employee expenses in 2020? (State use only) Yes ☐ No ☐
Provide relevant information such as mileage, home office, office supplies, etc.
- 33) Did you receive a damage award or settlement income in 2020? Yes ☐ No ☐
- 34) Did you pay an individual for domestic services (e.g., nanny) in 2020? Yes ☐ No ☐
- 35) Did you have any unreimbursed medical or dental related costs in 2020? Yes ☐ No ☐

If YES, please complete the details below: Include health related expenses you paid in 2020 for yourself, spouse and dependents. DO NOT INCLUDE any insurance premiums that were withheld from your paycheck on a pre-tax basis or any expenses that were reimbursed from a tax-advantaged account (e.g., Health Savings Acct/FSA)

Miles Driven For Medical		Contacts & Eyeglasses	\$
Prescription Medications	\$	Long-Term Health Care	\$
Health & Dental Premiums	\$	Medicare Premiums	\$
Doctor's, Dentists, Etc.	\$	Medical Equip & Supplies	\$
Hospitals, Clinics, Lab Fees	\$	Other	\$

- 36) 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
- 37) Did you own an interest in a partnership, LLC, S-Corp or trust in 2020? Yes ☐ No ☐
If YES, include copies of all K-1's you receive

Additional General Questions

38) Did you donate any cash, property or time to a qualified charitable organization? Yes ☐ No ☐

If YES, complete the following.

CASH CONTRIBUTIONS

Donation Totals Paid By Cash/Check/Credit Card	\$
Miles Driven to perform work on behalf of charitable organizations	

NON-CASH CONTRIBUTIONS

Name of Organization	Date	Description	Value
			\$
			\$
			\$

If you have more than three receipts, provide details on a separate sheet. Please retain all receipts for 4 years.

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

39) Did you make any quarterly estimated income tax payments in 2020? Yes ☐ No ☐

If YES, complete the following:

Agency	April 15, 2020	June 15, 2020	Sept. 15, 2020	Jan. 15, 2021
IRS (US Treasury)	\$	\$	\$	\$
State of CA	\$	\$	\$	\$

40) Did you exercise any *employer* stock option or receive stock option grants in 2020? Yes ☐ No ☐

If YES, include a detailed description INCLUDING your cost basis

41) Did you pay margin interest or other investment related expenses in 2020? (for State) Yes ☐ No ☐

42) Did you buy or sell any stocks, bonds or mutual funds? (Exclude retirement accounts) Yes ☐ No ☐

If YES, provide year-end statements and 1099-B forms

43) 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 _____

44) Did you convert part or all of a traditional IRA to a Roth IRA in 2020? Yes ☐ No ☐

45) 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

46) Did you contribute to an IRA plan in 2020 or before April 15th, 2021?

Yes ☐ No ☐

If YES, Please complete the following:

Type (SEP/Roth/Traditional)	Amount	Tax Year 2020/2021	Taxpayer or Spouse
	\$		
	\$		
	\$		
	\$		

47) Did you reside in, receive income from, or pay taxes to a foreign country in 2020?

Yes ☐ No ☐

Do include items reported by your US financial institutions.

48) Did you own or have authority over a financial account in a foreign country?

Yes ☐ No ☐

If YES, did the combined total exceed \$10,000? Yes _____ No _____

49) At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?

Yes ☐ No ☐

50) Would you be interested in purchasing our IRS/FTB audit protection Insurance for 10% of your tax preparation fee. **If NO, please initial here** _____

Yes ☐ No ☐

51) During 2020, did you make any purchases out of state requiring California State Use Tax to be paid?

Yes ☐ No ☐

52) Did you receive any Economic Impact Payments (stimulus)?

Yes ☐ No ☐

Round 1 - Yourself: \$ _____ Spouse: \$ _____ Dependents: \$ _____

Round 2 - Yourself: \$ _____ Spouse: \$ _____ Dependents: \$ _____ (Dec 20/Jan-Feb 21)

53) Did you received a Covid related distribution from any Retirement account (s) ?

Yes ☐ No ☐

54) If you are due a refund, would you like to establish Direct Deposit?

Yes ☐ No ☐

If YES, please complete information:

Bank Name: _____ Routing #: _____ Account #: _____

55) Have you submitted all your tax documents for the 2020 tax year?

Yes ☐ No ☐

*****DID YOU OR YOUR SPOUSE RECEIVE ANY INCOME AND/OR GAINS/LOSSES IN 2020 THAT HAVE 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 2021? Yes ☐ No ☐
- 2) Are you considering refinancing your home or a rental property in 2021? Yes ☐ No ☐
- 3) Do you think you will change employment or retire in 2021? Yes ☐ No ☐
- 4) Will you be enrolling in Medicare in 2021? Yes ☐ No ☐
- 5) Are you planning to make a will or draw up a Trust in 2021? Yes ☐ No ☐
- 6) Do you or your spouse have a 401(k) plan held at a previous employer? Yes ☐ No ☐
- 7) Are you considering taking your social security for the first time in 2021? Yes ☐ No ☐

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.

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



5411 Avenida Encinas, Suite 180
Carlsbad, CA 92008
(760) 618-1099 Direct
(888) 909-4836 Fax

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 31st, 2020. 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 Avenida Encinas, Suite 180
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, 2021, 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 12/2020