



2021 Tax Organizer

IMPORTANT: PLEASE REVIEW YOUR TAX ORGANIZER TO ENSURE ALL QUESTIONS ARE ANSWERED. UNANSWERED QUESTIONS REQUIRE US TO CONTACT YOU, WHICH INCREASES THE TIME SPENT AND THE FEE FOR YOUR TAX RETURN.

Tax Return Checklist:

Complete the Tax Organizer COMPLETELY. You are responsible for the information on your return. Please provide accurate information.

Review and SIGN Engagement Letter on Pages 10-11
(ALL TAXPAYERS MUST SIGN – REQUIRED)

Provide copies of all W-2s, 1099s, 1098 and other tax forms

Complete Tax Organizers for Rental Properties and Self-Employment
(Available online at www.SDTaxPros.com)

If you scheduled an appointment, drop-off, mail or upload your documents to our SmartVault Portal at least 5 business days before your appointment.

Provide a copy of the Driver's License for the Primary Taxpayer and Spouse (if applicable)

NEW CLIENTS: We require a copy of your 2020 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.

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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.

2021 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 2021	US Citizen Y/N	F/T Student Y/N	Dependent's Income in 2021
							\$
							\$
							\$
							\$

NEW FOR 2021

1. In March 2021, Congress authorized a 3rd stimulus payment to be paid to qualifying individuals. It is imperative we receive the **EXACT** amount(s) received for this stimulus payment.

Do NOT include stimulus received in January/February 2021 or credited on your 2020 tax return.

Federal Stimulus Payments Received in March 2021 or after:

Taxpayer: \$ _____ **Spouse:** \$ _____ **Dependent(s):** \$ _____

2. Amount of advance child tax credit payments received (from IRS Form 6419): \$ _____

3. Did you receive a COVID related distribution from your IRA/401k/403b in 2020: Yes No

If yes: Did you opt to pay the tax over 3 years? Yes No

If you are a new client, we will require Form 8915-E from your 2020 Tax Return

4. If you were self-employed in 2021 and were unable to work due to Covid issues:
- a. Number of days after 12/31/20 and before 4/01/21 unable to perform services as a self-employed individual due to certain required COVID-related care _____ Days
 - b. Number of days after 12/31/20 and before 4/01/21 unable to perform services as a self-employed individual due to certain required COVID-related care to another _____ Days
5. If you paid for child care facilities (including employer plans) we **require** the following information. If left blank, we will assume there were no child or dependent care expenses paid in 2021.

Care Provider SSN/EIN	
Name of Care Provider	
Address of Care Provider	
Telephone number of Care Provider	
Amount Paid	

Care Provider SSN/EIN	
Name of Care Provider	
Address of Care Provider	
Telephone number of Care Provider	
Amount Paid	

If you have more than two childcare providers please provide information on an additional sheet.

General Questions

- 1) Did your address change in 2021? If you moved states please advise us of the date. Yes No
If to/from another State: Date of move _____ Old State _____
- 2) Did every person in the household have Health Insurance for all of 2021? 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 2021 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, complete details on page 3
- 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 2021? Yes No
We require form 1098-T forms, available from the educational institution.
- 7) Did you or any of your dependents have any outstanding college loans in 2021? Yes No
We require copies of 1098-E forms provided by the financial institution.
- 8) Did you have or adopt a child or begin proceedings in 2021? Yes No
- 9) Did any of your dependents move out in 2021? Yes No
- 10) Can someone else claim you as a dependent for 2021? Yes No
- 11) Did your marital status change in 2021? Yes No
- 12) Did you pay or receive alimony in 2021? Yes No
Amount _____ From/To _____ SS# _____ Divorce date _____
- 13) Did you contribute to or take distributions from an education savings account in 2021? Yes No
We require copies of any 1099-Q forms provided by the financial institution.
- 14) Did you or your spouse receive distributions from a Health Savings Account in 2021? Yes No
We require copies of the 1099-SA forms provided by the financial institution.
- 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 OUTSIDE employer:\$ _____
- 16) Did you have an insurable loss or theft in 2021 that was not fully reimbursed?(for State) Yes No

Additional General Questions

17) Did you file bankruptcy in 2021? Yes No

18) Did you receive any income from the following sources? **Please check all that apply and provide the relevant tax documents (W-2s, 1099's)**

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 2021? If so, you may be eligible for a renters credit. **Complete the following only if your income is below \$42,533 (single) \$87,066(MFJ)** Yes No

Landlord Name and Address: _____

Landlord Phone Number: _____ Dates Rented: _____

20) Did you purchase a home or any other real estate in 2021? Yes No
We require 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 2021 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 2021? Yes No
If YES, complete our Home Sale Worksheet and provide a copy of the Closing Statement

23) Did you refinance a mortgage or any other loan secured by real estate in 2021? Yes No
If YES, include a copy of the Final Closing Statement

24) Did you own any rental properties in 2021? Yes No
If YES, we REQUIRE our Rental Organizer completed for each property

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

Additional General Questions

- 26) 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- \$ _____
- 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 2021? Yes No
 If yes, how much sales tax did you pay on this purchase? \$ _____
- 29) Did you pay any **Vehicle Licensing fees** in 2021? 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 2021? Yes No
If YES, we require copies of all forms 1099-C provided by the financial institution(s)
- 31) If you are a K-12 teacher, did you have any educator expenses? Yes No
- 32) Did you have unreimbursed employee expenses in 2021 that exceeded 2% of income? Yes No
Provide relevant information such as mileage, home office, office supplies, etc.
- 33) Did you receive a damage award or settlement income in 2021? Yes No
- 34) Did you pay an individual for domestic services (e.g., nanny) in 2021? Yes No
- 35) Did you have any unreimbursed medical or dental related costs in 2021? Yes No

If YES, please complete the details below: Include health related expenses you paid in 2021 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 Small Business Tax Organizer
- 37) Did you own an interest in a partnership, LLC, S-Corp or trust in 2021? 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 2021? Yes No

If YES, complete the following:

Agency	Applied from Prior Year Return	1st Quarter	2nd quarter	3rd Quarter	4th Quarter
IRS					
State _____					

40) Did you exercise any *employer* stock option or receive stock option grants in 2021? Yes No

If YES, include a detailed description INCLUDING your cost basis

41) Did you pay margin interest or other investment related expenses in 2021? (for State) Yes No

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

If YES, we require Forms 1099-B provided by the financial institution(s).

43) Do you or your spouse have any IRA, SEP or SIMPLE retirement plans? If Yes No

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 2021? 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 2021 or before April 15th, 2022? Yes No
If YES, Please complete the following. Do not include amounts withheld from paychecks for employer plans:

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 2021? Yes No
Do not 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 2021, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

- 50) During 2021, did you make any purchases out of state requiring California State Use Tax to be paid? Yes No

- 51) If you are due a refund, would you like to establish Direct Deposit? Yes No
If YES, please complete the following information:

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

- 52) Have you received any income not reported above? If so, please provide details:

- 53) Have you submitted all your tax documents for the 2021 tax year? Yes No
 If not, would you like us to file an extension (must file before due date)? Yes No

We do not require the following:

- Receipts or documentation for charitable purposes, medical, rental property expenses, business expenses, property taxes or DMV. This information can simply be input in the tax organizers.

PLEASE REVIEW YOUR TAX ORGANIZER TO ENSURE ALL QUESTIONS ARE ANSWERED. UNANSWERED QUESTIONS REQUIRE US TO CONTACT YOU, WHICH INCREASES THE TIME SPENT AND THE FEE FOR YOUR TAX RETURN.

Important Tax Planning Considerations

- 1) Are you planning to Buy/Sell your primary residence or a rental property in 2022? Yes No
- 2) Are you considering refinancing your home or a rental property in 2022? Yes No
- 3) Do you think you will change employment or retire in 2022? Yes No
- 4) Will you be enrolling in Medicare in 2022? Yes No
- 5) Are you planning to make a will or draw up a Trust in 2022? 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 2022? 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.**



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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, 2021. 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, 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: _____