



Tax Year 2025 Tax Organizer

IMPORTANT: All questions on the tax organizer must be answered. If the questions do not apply to you, check the NO box. We cannot start work until this document is 100% complete.

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 9-10
(ALL TAXPAYERS MUST SIGN – REQUIRED)
- Provide copies of all W-2s, 1099s, 1098 and other tax forms. **We do not require 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.**
- 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 7 business days before your appointment.
- Provide a copy of the Driver's License for the Primary Taxpayer and Spouse (if applicable)
- New Clients – Please provide a copy of your prior-year tax returns. We will return them to you.

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

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Tax Year 2025 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 (Please complete even if no changes)

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

All Questions on the following pages must be answered. If there are unanswered questions, we cannot start on your return. If the questions do not apply to you, check the "no" box.

General Questions

All information must be completed BEFORE we can begin preparing your tax return.

- 1) Did your address change? If you moved States, please advise us of the date. If to/from another State: Date of move _____ Old State _____ Yes No
- 2) Did every person in the household have Health Insurance all year? Yes No
-Did you purchase Health Insurance through the Marketplace (eg Covered California).
If YES, provide Form 1095(A) and California form 3895. Yes No
- 3) Were either you or your spouse blind? Yes No
- 4) Did you pay for childcare or dependent care for a dependent listed on your tax return? Yes No

If you paid for childcare facilities (including from employer FSA plans) we **REQUIRE ALL** the following information, up to \$6,000 in expenses. If left blank, we will assume there were no child or dependent care expenses paid.

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.

- 5) Did you receive Dependent Care Benefits from your employer? Yes No
- 6) Did you or any of your dependents pay for college expenses?
Provide Form 1098-T available from the educational institution. Yes No
- 7) Did you or any of your dependents have any outstanding college loans?
Provide Form 1098-E forms provided by the financial institution. Yes No
- 8) Did you have or adopt a child or begin proceedings? Yes No
- 9) Did any of your dependents move out? Yes No
- 10) Can someone else claim you (or spouse) as a dependent? Yes No

11) Did your marital status change? Yes No

12) Did you pay or receive alimony? Yes No

Amount Paid _____ **Paid To:** _____ **SS#** _____

Amount Received _____ **Divorce Date** _____

13) Did you take distributions from an education savings account (529)? Yes No
Provide copies of any 1099-Q forms provided by the financial institution.

14) Did you or your spouse receive distributions from a Health Savings Account (HSA)? Yes No
Provide 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 (HSA) outside your employer? Yes No

If YES, provide amounts contributed OUTSIDE employer: \$ _____

16) Did you file for bankruptcy? Yes No

17) Please indicate the number of tax forms you are submitting in the following categories:

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		

18) Did you pay rent for a personal residence? If so, you may be eligible for a renter's credit. Yes No
Complete the following only if your income is below \$52,421 (single) \$104,842 (MFJ)

Landlord Name and Address: _____

Landlord Phone Number: _____ Dates Rented: _____

19) Did you purchase a home or any other real estate? Yes No

Provide a copy of the Final Closing Statement.

a) Did you utilize retirement savings (e.g., 401k, IRA, etc.) to make this purchase? Yes No

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

21) Was any of your mortgage balance(s) used to pay off debt, or for any other purpose other than the purchase of the home and improvements? Yes No
If YES, how much \$ _____

22) Did you sell a home or any other real estate assets? 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? Yes No
If YES, include a copy of the Final Closing Statement

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

25) Did you install solar panels, wind or geothermal systems, windows, external doors, heat pump, furnace or boiler or buy an electric car? Yes No

26) Did you pay any real estate taxes/property taxes for your PERSONAL RESIDENCE? Yes No
If YES, how much did you pay:

Property 1- \$ _____ Property 2- \$ _____

27) Did you purchase a vehicle, boat or airplane? Yes No
If yes, how much sales tax did you pay on this purchase? \$ _____

28) Did you pay any DMV Vehicle Licensing fees? Yes No
 If YES, how much? Veh #1 _____ Veh #2 _____
 Veh #3 _____ Veh #4 _____ Veh #5 _____

29) Did you have any unreimbursed medical or dental related costs? Yes No

If YES, please complete the details below **only if you believe your out-of-pocket medical expenses exceeded 7.5% of your Adjusted Gross Income**. Include health-related expenses paid for yourself, your spouse, and dependents.

Do not include health insurance premiums withheld from your paycheck on a pre-tax basis or any expenses reimbursed from a tax-advantaged account (such as an FSA or HSA).

Miles Driven for Medical		Contacts & Eyeglasses	\$
Prescription Medications	\$	Long-Term Health Care	\$
Health & Dental Premiums	\$	Medicare Premiums	\$
Doctors, Dentists, etc.	\$	Medical Equip & Supplies	\$
Hospitals, Clinics, Lab Fees	\$	Other	\$

31) Were any of your debts canceled or forgiven? Yes No

If YES, we require copies of all forms 1099-C provided by the financial institution(s)

32) If you are a K-12 teacher, did you have any educator expenses? Yes No

33) Did you have unreimbursed employee expenses that exceeded 2% of income? Yes No
Provide relevant information such as mileage, home office, office supplies, etc.

34) Did you receive a damage award or settlement income? Yes No

35) 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

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

37) Did you donate any cash, property, to a qualified charitable organization? Yes No
If YES, complete the following (we do not require receipts):

CASH/CHECK/CREDIT CARD CONTRIBUTIONS

Total Donations Paid by Cash/Check/Credit Card (Keep receipts for your records but do not submit)	
Miles Driven to Perform Work on Behalf of Charitable Organizations	

NON-CASH CONTRIBUTIONS

Name of Organizations	Date	Description	Value
			\$
			\$
			S

If you have more than 3 receipts, provide details on a separate sheet. Retain receipts for at least 4 years. For vehicle donations, provide a copy of the statement provided by the organization you donated to. If total non-cash donations exceed \$5,000, appraisals required.

38) Did you make any quarterly estimated income tax payments? Yes No

If YES, complete the following

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

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

40) Did you pay margin interest or other investment related expenses? Yes No

41) 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).

42) 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

43) Did you convert part or all a traditional IRA to a Roth IRA? Yes No

44) 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

45) Did you contribute (or plan to contribute before April 15th, 2026) to an IRA ? Yes No
If YES, how much? (Do not include amounts withheld from paychecks for employer plans)

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

46) Did you reside in, receive income from, or pay taxes to a foreign country? Yes No
Do not include items reported by your US financial institutions.

47) 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

48) Did you have any gambling winnings or losses? Yes No
If yes, please provide W2G's and Gain/Loss Report(s)

49) Did you receive as a reward, award, or payment for property or services or sell, exchange, Yes No
 gift, or otherwise dispose of a digital asset, or a financial interest in a digital asset?

50) Did you make any purchases out of state requiring California State Use Tax to be paid? Yes No

51) If you are due for 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:

Yes No

53) Have you submitted all your tax documents?

Yes No

If not, would you like us to file an extension (must file before due date)? Yes No

Please note that while tax returns may be extended, there is no extension to pay taxes due.
Any balances owed must be paid by the April 15th due date.

54) Has the IRS assigned an Identity Protection PIN to your SSN?

If yes please provide the document containing the new assigned number every year

Yes No

Important Tax Planning Considerations

1) Are you planning to Buy/Sell your primary residence or a rental property in 2026?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2) Are you considering refinancing your home or a rental property in 2026?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3) Do you think you will change employment or retire in 2026?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4) Will you be enrolling in Medicare in 2026?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Are you planning to make a will or draw up a Trust in 2026?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6) Do you or your spouse have a 401(k) plan held at a previous employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) Are you considering taking your social security for the first time in 2026?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information

Please provide any additional information helpful to prepare your returns

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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Individual Income Tax Return Engagement Letter (Form 1040)

This letter confirms the terms of our engagement and outlines the nature and limitations of the services we will provide in connection with the preparation of your **2025 federal and state individual income tax returns (Form 1040)**.

Scope of Services - We will prepare your 2025 individual income tax return(s) based on information you provide. This engagement is limited to tax return preparation and does not include auditing, review, or verification of the information you submit. We will use professional judgment to apply applicable tax laws in effect at the time of preparation.

Our services do **not** include tax planning, financial planning, bookkeeping, payroll, or representation before taxing authorities unless separately agreed to in writing.

Taxpayer Responsibilities - You are responsible for:

- Providing complete and accurate information necessary to prepare your tax return(s)
- Reviewing the completed return(s) for accuracy before filing
- Maintaining documentation to substantiate income, deductions, credits, and other tax positions
- Timely filing and payment of any taxes due, including estimated taxes if applicable

We will rely on information you provide, including representations regarding income, expenses, deductions, credits, asset basis, and ownership. We are not responsible for verifying the accuracy or completeness of such information.

Any omissions, misstatements, or errors resulting from incomplete or inaccurate information provided by you are your responsibility.

Electronic Filing - If your return(s) are eligible for electronic filing, we will provide them to you for approval prior to submission. Final filing will not occur without your authorization. You are responsible for any penalties or interest resulting from late filing or late payment.

Positions Taken and Disclosure - We will take reasonable positions on your tax return(s) based on applicable law and the information you provide. If we believe a position requires disclosure or carries a risk of challenge, we will discuss this with you. Ultimately, you are responsible for the positions taken on your return(s).

IRS and State Correspondence - This engagement does not include responding to IRS or state tax notices, audits, or examinations. Such services are available upon request and will require a separate written agreement.

Fees - Fees are based on the complexity of the return, the time required, and the level of professional expertise involved. Payment is due upon presentation of the invoice. Additional services requested beyond the scope of this engagement will be billed separately.

No Legal or Investment Advice - Our services are limited to tax return preparation unless otherwise agreed to in writing. We do not provide legal advice, investment advice, or assurance services. You should consult appropriate legal or financial professionals regarding non-tax matters.

Record Retention - You are responsible for retaining all records, documents, and substantiation supporting the items reported on your tax return(s). These records should be kept for as long as required by federal and state law, generally **at least seven (7) years** from the later of the filing date or the due date of the return.

Our firm does not maintain original source documents. Copies of select workpapers and tax returns may be retained in accordance with our internal document retention policies and applicable professional standards.

We are not obligated to retain records beyond those requirements and may destroy documents after the applicable retention period without further notice.

Limitation of Liability - Our liability for any claim arising from this engagement shall be limited to the amount of fees paid for the services rendered, except as otherwise required by law.

Electronic Communications and Portals - By engaging our firm, you consent to the use of electronic communications, including email and secure client portals, for the exchange of information and documents. While we take reasonable measures to safeguard your data, electronic communications may carry inherent risks beyond our control.

Confidentiality and Data Security - We will maintain the confidentiality of your information in accordance with applicable laws and professional standards. We employ reasonable administrative, technical, and physical safeguards to protect your data; however, no system can guarantee absolute security.

Third-Party Service Providers - We may use third-party software and service providers to assist in tax preparation, electronic filing, document storage, and client portals. We are not responsible for the acts or omissions of these providers beyond our reasonable selection and oversight.

Force Majeure - We shall not be responsible for delays or failures in performance caused by events beyond our reasonable control, including but not limited to natural disasters, government actions, system outages, or interruptions by third-party service providers.

Termination - Either party may terminate this engagement at any time upon written notice. You are responsible for fees incurred through the date of termination.

Acknowledgment

By signing below, you acknowledge that you have read, understand, and agree to the terms of this engagement letter.

Accepted and agreed to:

Taxpayer Name: _____

Spouse Name: _____

Signature 1: _____

Signature 2: _____

Date: _____

Date: _____

Typed Signatures Will Not Be Accepted - We Require Actual Signatures

If filing jointly, we require both spouse signatures on this form.