



Tax Year 2024 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:

- Fill out the Tax Organizer in its entirety. 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 5 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 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, and contact information.
Then proceed to Dependent information below

Tax Year 2024 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	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 does 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 in 2024? If you moved between states, please provide date of move and former state: Date of move _____ Former State _____ Yes No
- 2) Did your marital status change in 2024? Yes No
- 3) In 2022 were either you or your spouse totally and permanently disabled and/or blind? Yes No
- 4) Did you reside in, receive income from, or pay taxes to a foreign country in 2024? Yes No
Do not include items reported by your US financial institutions.
- 5) 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
- 6) At any time during 2024 did you receive as a reward, award, or payment for property or services or sell, exchange, gift, or otherwise dispose of a digital asset, or a financial interest in a digital asset? Yes No
- 7) Did you pay for childcare or dependent care for a dependent listed on your tax return? Yes No

If you pay for childcare (including with employer FSA plans) we **REQUIRE ALL** of the following information. If left blank, we will assume there were no child or dependent care expenses paid in 2024.

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.

- 8) Did you receive Dependent Care Benefits from your employer? Yes No
- 9) Did you or any of your dependents pay for college expenses in 2024? Yes No
We require form 1098-T forms, available from the educational institution.
- 10) Did you or any of your dependents have any outstanding college loans in 2024? Yes No
We require copies of 1098-E forms provided by the financial institution.
- 11) Did you have or adopt a child or begin proceedings in 2024? Yes No
- 12) Did any of your dependents move out in 2024 (not including going to college)? Yes No
- 13) Can someone else claim you as a dependent for 2024? Yes No

14) Did you pay or receive alimony in 2024? Yes No

Amount Paid _____ *Amount Received* _____

Payor or Recipient Name: _____ *SS#* _____

Divorce Date _____

15) Did you take distributions from an education savings account in 2024? Yes No

We require copies of any 1099-Q forms provided by the financial institution.

16) Did you contribute to a 529 College Savings Plan? Yes No

(If you were not a CA resident in 2024, provide details. CA residents do not need to provide additional information.)

17) Did you or your spouse receive distributions from a Health Savings Account in 2024? Yes No

We require copies of the 1099-SA forms provided by the financial institution.

If YES, was it all used for qualified medical expenses? Yes No

18) Did you contribute to a Health Savings Account *outside* your employer plan? Yes No

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

19) Did you file for bankruptcy in 2024? Yes No

20) Were any of your debts canceled or forgiven in 2024? Yes No

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

21) 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		
1099-K's		

22) Did you receive any income from Gambling in 2024? Yes No

Please provide copies of any W2-G's received and your win/loss report(s).

23) 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.

24) Did you have an interest in a partnership, LLC, S-Corp, or trust in 2024? Yes No

If YES, include copies of all K-1's you receive.

25) Did you own any rental properties in 2024? Yes No

If YES, we REQUIRE our Rental Organizer completed for each property.

26) Did you purchase a home or any other real estate in 2024? Yes No

Provide a copy of the Final Closing Statement.

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

27) Did you sell a home or any other real estate assets in 2024? Yes No

If YES, complete our Home Sale Worksheet and provide a copy of the Closing Statement

28) 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.

29) Was any of your mortgage balance(s) used to pay off debt, or any other purpose that purchase of home and improvements? Yes No

If YES, how much \$ _____

30) Did you refinance a mortgage or any other loan secured by real estate in 2024? Yes No

If YES, include a copy of the Final Closing Statement

31) Did you pay any real estate taxes/property taxes for your **PERSONAL RESIDENCE(S)**? Yes No

If YES, how much did you pay:

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

32) Did you install solar panels, wind or geothermal systems, windows, external doors, heat pump, furnace or boiler or buy an electric car that you may be entitled to a credit for? Yes No

Complete page 8, the Clean Energy Credit Adendum.

33) Did you purchase a vehicle, boat or airplane in 2024? Yes No

If yes, how much sales tax did you pay on this purchase? \$ _____

34) Did you pay any DMV Vehicle Licensing fees in 2024? Yes No

If YES, provide amounts? Veh #1 _____ Veh #2 _____

Veh #3 _____ Veh #4 _____ Veh #5 _____

35) Did you have any unreimbursed medical or dental related costs in 2024? Yes No

If YES, please complete the details below if you think out of pocket medical expenses exceeded 7.5% of your Adjusted Gross Income. Include health related expenses you paid in 2024 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	\$
Doctors, Dentists, etc.	\$	Medical Equip & Supplies	\$
Hospitals, Clinics, Lab Fees	\$	Other	\$

36) Did you donate any cash, property, to a qualified charitable organization?

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
			\$
			\$
			\$

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 your total non-cash contributions exceed \$5,000, official appraisals are required by the IRS, and must be attached to your tax return.

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

38) 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

39) Did you convert part or all of a traditional IRA to a Roth IRA in 2024? Yes No

40) Did you contribute to an IRA plan in 2024 or before April 15th, 2024 for 2024? 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
	\$		
	\$		

41) Did you exercise any employer stock options or receive stock option grants in 2024? Yes No

If YES, include a detailed description INCLUDING your cost basis.

42) Did you pay margin interest or other investment related expenses in 2024? Yes No

43) 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).

44) Did you make any quarterly estimated income tax payments for 2024? Yes No

If YES, complete the following:

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

45) During 2024, did you make any purchases out of state requiring California State Use Tax (Sales Tax) to be paid, which have not been paid? Yes No

46) Did you have unreimbursed employee expenses in 2024 that exceeded 2% of income? Provide relevant information such as mileage, home office, office supplies, etc. Yes No

47) Did every person in the household have Health Insurance for all of 2024? Yes No

-Did you purchase Health Insurance through the Marketplace eg Covered California. Yes No
If YES, provide Form 1095(A) provided by Covered CA or Healthcare.gov.

48) Did you pay rent for a personal residence in 2024? If so, you may be eligible for a renter's credit. Complete the following only if your income is below \$49,500 (single) \$99,000 (MFJ) Yes No

Landlord Name: _____

Landlord Complete Address: _____

Landlord Phone: _____ Dates Rented: _____

49) Has the IRS assigned an Identity Protection PIN to your SSN? Yes No
If yes please provide the IRS letter showing your 2024 PIN.

50) Have you received any income not reported above? If so, please provide details: Yes No

51) Have you submitted all your tax documents for the 2024 tax year? Yes No

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

If you file an extension, any estimated tax due must be paid by the original due date of the return.

52) 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 #: _____

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.



Clean Energy Tax Credits Worksheet Addendum

Electric/Plug-In Hybrid Automobiles (New rules apply for these purchases include income limitations, maximum vehicle price and final assembly locations that may impact your eligibility)

1. If you purchased an electric or Plug-In Hybrid that you believe you are entitled to a tax credit for, please provide a copy of your final sales invoice that shows 1) Purchase Date, 2) Purchase Price, 3) Vehicle Make and Model and 4) VIN #.

Energy Efficient Home Improvement Credits (Qualified energy efficiency improvements are components installed on or in your MAIN HOME that you owned during 2024 in the United States).

1. Amount spent in 2024 for a Home Energy Audit? \$ _____
2. Cost of Most Expensive EXTERIOR Door _____ Cost of all other exterior doors _____
3. Cost to replace/install Exterior Windows and Skylights: \$ _____
4. Amount spent on insulation primarily designed to reduce heat loss or gain: \$ _____
5. Amount spent in 2024 to install central A/C unit: \$ _____
6. Amount spent in 2024 Natural Gas, propane or oil water heaters, furnaces or hot water boilers: \$ _____
7. Amount spent on Electric or Natural Gas Heat Pumps: \$ _____

Residential Clean Energy Credits (Do not include the cost for roof repairs or roof installation).

1. Amount spent in 2024 on Solar Panels for generating electricity: \$ _____
2. Amount spent on Fuel Cells or Battery Storage Technologies (min. 3 kw hrs): \$ _____
3. Amount spent on Solar-Powered Water Heaters (pools do not count), Wind Turbines for Residential or Geothermal Heat Pumps that meet federal Energy Star guidelines: \$ _____

The new Clean Energy Credit rules are extensive and there may be items you may be eligible for that are not listed above. If you have other expenses you believe are eligible for a credit, please provide details.



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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, 2024. 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, 2024, 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 12/30/23