



Individual Tax Organizer

FORM 1040 · TAX YEAR 2026

Please complete this organizer before your appointment. Prior-year clients may use the pre-filled organizer we provide on request.

1 PERSONAL INFORMATION

	NAME	SOC. SEC. NO.	DATE OF BIRTH	OCCUPATION	WORK PHONE
Taxpayer					
Spouse					

STREET ADDRESS	CITY	STATE	ZIP	HOME / CELL PHONE

EMAIL ADDRESS	PREFERRED CONTACT METHOD

	TAXPAYER	SPOUSE
Legally blind	☐ Yes ☐ No	☐ Yes ☐ No
Permanently disabled	☐ Yes ☐ No	☐ Yes ☐ No
Presidential Campaign Fund	☐ Yes ☐ No	☐ Yes ☐ No

MARITAL STATUS (ON DEC. 31)

☐ Married — will file jointly: ☐ Yes ☐ No

☐ Single

☐ Widow(er) · date of spouse's death

2 DEPENDENTS *children & others*

NAME (FIRST, LAST)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NO.	MONTHS LIVED WITH YOU	DISABLED	FULL-TIME STUDENT	DEPENDENT'S GROSS INCOME	IP PIN
					☐	☐		
					☐	☐		
					☐	☐		
					☐	☐		

Please provide for your appointment: last year's tax return (*new clients only*); all statements — W-2s, 1098s, 1099s, year-end brokerage statements; and any IRS or state tax notices you received.

3 QUESTIONS *please answer every question — they help us find every deduction*

- | | | | |
|--|--|---|--|
| 1 Are you self-employed or do you receive hobby income?* | ☐ Yes ☐ No | 7 Did you own \$50,000 or more in foreign financial assets? | ☐ Yes ☐ No |
| 2 Did you receive income from raising animals or crops?* | ☐ Yes ☐ No | 8 Do you provide a home for or help support anyone not listed in Section 2? | ☐ Yes ☐ No |
| 3 Did you receive rent from real estate or other property?* | ☐ Yes ☐ No | 9 Did you receive any correspondence from the IRS or a state tax agency? | ☐ Yes ☐ No |
| 4 Did you receive income from gravel, timber, minerals, oil, gas, copyrights, or patents?* | ☐ Yes ☐ No | 10 Were there any births, deaths, marriages, divorces, or adoptions in your immediate family? | ☐ Yes ☐ No |
| 5 Did you withdraw or write checks from a mutual fund? | ☐ Yes ☐ No | 11 Did you give a gift of more than \$19,000 to one or more people? | ☐ Yes ☐ No |
| 6 Do you have a foreign bank account, trust, or business? | ☐ Yes ☐ No | 12 Did you have any debts cancelled, forgiven, or refinanced? | ☐ Yes ☐ No |

- 13** Did you go through bankruptcy proceedings? ☐ Yes ☐ No
- 14** Did you pay interest on a student loan for yourself, your spouse, or your dependent? ☐ Yes ☐ No
- 15** Did you pay expenses for yourself, your spouse, or your dependent to attend classes beyond high school? ☐ Yes ☐ No
- 16** Did you, your spouse, and your dependents have health insurance all year? If you bought coverage through the Marketplace / Exchange, include Form 1095-A. ☐ Yes ☐ No
- 17** Did you have children under 19 (or students 19–23) with unearned income over \$1,400? ☐ Yes ☐ No
- 22** Have you or your spouse been a victim of identity theft and been issued an Identity Protection PIN by the IRS? If yes, enter the six-digit IP PIN: Taxpayer Spouse ☐ Yes ☐ No
- 18** At any time during the year did you receive, sell, exchange, or otherwise dispose of any digital asset (cryptocurrency, NFT, etc.)? ☐ Yes ☐ No
- 19** Did you receive Form 1099-K for payment-card or online-marketplace sales? ☐ Yes ☐ No
- 20** Did you receive tip income or qualified overtime pay? (New deductions may apply.) ☐ Yes ☐ No
- 21** Did you pay interest on a loan for a new personal-use vehicle purchased in 2025 or later? (Up to \$10,000 may be deductible.) ☐ Yes ☐ No

* If yes, please also complete the matching organizer (Schedule C, E, or F) — contact us for a copy.

4 WAGE & SALARY INCOME *attach all W-2s*

EMPLOYER	TAXPAYER	SPOUSE

5 INTEREST INCOME *attach 1099-INT, Form 1097-BTC & broker statements*

PAYER	AMOUNT

Tax-exempt interest \$

6 DIVIDEND INCOME *from mutual funds & stocks — attach 1099-DIV*

PAYER	ORDINARY	CAPITAL GAINS	NON-TAXABLE

7 PARTNERSHIP, S-CORPORATION, TRUST & ESTATE INCOME *attach each K-1*

PAYER / ENTITY NAME	ENTITY TYPE (PARTNERSHIP, S-CORP, TRUST, ESTATE)

8 PROPERTY SOLD *attach 1099-S and closing statements*

	DATE ACQUIRED	COST & IMPROVEMENTS	DATE SOLD	SALE PRICE
Personal residence*		\$		\$
Vacation home		\$		\$
Land		\$		\$
Other		\$		\$

* Provide information on improvements, prior sales of home, and cost of a new residence.

9 IRA — INDIVIDUAL RETIREMENT ACCOUNTS *attach 1099-R & Form 5498***Contributions** for tax year 2026

	AMOUNT	DATE	ROTH?
Taxpayer	\$		☐
Spouse	\$		☐

Amounts withdrawn

PLAN TRUSTEE	REASON FOR WITHDRAWAL	REINVESTED?
		☐ Y ☐ N
		☐ Y ☐ N

10 PENSION & ANNUITY INCOME *attach 1099-R*

PAYER*	REASON FOR WITHDRAWAL	REINVESTED?
		☐ Y ☐ N
		☐ Y ☐ N
		☐ Y ☐ N

* Provide statements from the employer or insurance company showing cost of, or contributions to, the plan.

Did you receive: *(attach SSA-1099, RRB-1099)*

	TAXPAYER	SPOUSE
Social Security benefits	☐ Yes ☐ No	☐ Yes ☐ No
Railroad Retirement	☐ Yes ☐ No	☐ Yes ☐ No

11 INVESTMENTS SOLD *stocks, bonds, mutual funds, crypto, precious metals — attach 1099-B & confirmation slips*

INVESTMENT	DATE ACQUIRED	DATE SOLD	COST	SALE PRICE

12 OTHER INCOME *including non-taxable*

Alimony received	\$	
Child support	\$	
Scholarships / grants	\$	
Unemployment compensation	\$	
Prizes, bonuses, awards	\$	
Gambling / lottery winnings	\$	
Unreported tips	\$	
Director / executor's fees	\$	
Commissions	\$	
Gambling expenses (losses)	\$	

Jury duty	\$	
Worker's compensation	\$	
Disability income	\$	
Veteran's pension	\$	
Payments from prior installment sale	\$	
State income tax refund	\$	
Other	\$	
Other	\$	

13 MEDICAL & DENTAL EXPENSES

Medical insurance premiums (*paid by you*) \$

Prescription drugs \$

Insulin \$

Glasses, contacts \$

Hearing aids, batteries \$

Braces \$

Medical equipment, supplies \$

Nursing care \$

Medical therapy \$

Hospital \$

Doctor / dental / orthodontist \$

Long-term care premiums \$

Medical mileage no. of miles

14 TAXES PAID

Real property tax (*attach bills*) \$

Personal property tax \$

Other \$

15 INTEREST EXPENSE

Mortgage interest paid (*attach 1098*) \$

Investment interest \$

Qualified mortgage insurance premiums \$

Interest paid to an individual for your home (*include amortization schedule*)

Amount \$ Name

Address SSN

16 CASUALTY / THEFT LOSS *property damaged by storm, water, fire, accident, or stolen*

Location of property

Description

Was the loss in a federally declared disaster area? ☐ Yes ☐ No
(*required for most deductions*)

Amount of damage \$

Insurance reimbursement \$

Repair costs \$

Federal grants received \$

17 CHARITABLE CONTRIBUTIONS *attach receipts for all gifts of \$250 or more*

Church \$

United Way \$

Scouts \$

University, public TV / radio \$

Heart, lung, cancer, etc. \$

Wildlife fund \$

Food banks, shelters, relief organizations \$

..... \$

..... \$

Non-cash contributions (*attach itemized list*) \$

Volunteer mileage no. of miles @ \$0.14

For 2026, cash gifts up to \$1,000 (\$2,000 filing jointly) are deductible even if you don't itemize — please list all giving.

18 CHILD & DEPENDENT CARE EXPENSES

NAME OF CARE PROVIDER	ADDRESS	SSN OR EMPLOYER ID	AMOUNT PAID

Also complete this section if you receive dependent-care benefits from your employer.

19 JOB-RELATED MOVING EXPENSES *Armed Forces active duty only*

Are you a member of the Armed Forces on active duty moving under a permanent change of station?

☐ Yes ☐ No

Date of move

Move household goods \$

Lodging during move \$

Travel to new home no. of miles

20 EMPLOYMENT-RELATED EXPENSES YOU PAID *not self-employed*

Are you an Armed Forces reservist, qualified performing artist, fee-basis state or local government official, or an individual with a disability claiming impairment-related work expenses? *(Federal deduction is limited to these groups; expenses may still be deductible on a state return.)* ☐ Yes ☐ No

Dues — union, professional \$

Books, subscriptions, supplies \$

Licenses \$

Tools, equipment, safety gear \$

Uniforms *(include cleaning)* \$

Sales expense, gifts \$

Tuition, books *(work-related)* \$

Office in home

Total home square feet

Office square feet

Storage square feet

Rent \$

Insurance \$

Utilities \$

Maintenance \$

21 INVESTMENT-RELATED EXPENSES *state use only*

Tax preparation fee \$

Safe deposit box rental \$

Mutual fund fee \$

Investment counselor \$

Other \$

22 BUSINESS MILEAGE

Do you have written records? ☐ Yes ☐ No

Did you sell or trade in a car used for business? *(if yes, attach purchase agreement)* ☐ Yes ☐ No

Vehicle make / year

Date purchased

Total miles *(personal & business)*

Business miles *(not to / from work)*

From first to second job

Education *(one way, work to school)*

Job seeking

Other business

Round-trip commuting distance

Gas, oil, lubrication \$

Batteries, tires, etc. \$

Repairs \$

Wash \$

Insurance \$

Interest \$

Lease payments \$

Garage rent \$

23 BUSINESS TRAVEL *if not reimbursed the exact amount, give total expenses*

Airfare, train, etc. \$

Lodging \$

Meals no. of days \$

Taxi, car rental \$

Other \$

Reimbursement received \$

24 ESTIMATED TAX PAID

DUE DATE	DATE PAID	FEDERAL	STATE
April 15, 2026		\$	\$
June 15, 2026		\$	\$
September 15, 2026		\$	\$
January 15, 2027		\$	\$
Prior-year refund applied to 2026		\$	\$

25 OTHER DEDUCTIONSAlimony paid to Recipient's SSN Amount \$

Alimony is deductible only for divorce agreements finalized before 2019.

Student loan interest paid \$ Health Savings Account (HSA) contributions \$ Educator expenses (*teachers K-12*) \$ Archer MSA contributions \$ **26 EDUCATION EXPENSES** *attach Form 1098-T*

STUDENT'S NAME	TYPE OF EXPENSE (TUITION, BOOKS, FEES)	AMOUNT

27 DIRECT DEPOSIT OF REFUND

Would you like your refund(s) deposited directly into your account? The IRS allows your federal refund to be split among up to ☐ Yes ☐ No three accounts — if you'd like a third account, list it in Section 28.

ACCOUNT 1 Owner: ☐ Taxpayer ☐ Spouse ☐ Joint Type: ☐ Checking ☐ Savings ☐ Trad. IRA ☐ Roth IRA ☐ HSA ☐ Other
 Financial institution Routing no. Account no.

ACCOUNT 2 Owner: ☐ Taxpayer ☐ Spouse ☐ Joint Type: ☐ Checking ☐ Savings ☐ Trad. IRA ☐ Roth IRA ☐ HSA ☐ Other
 Financial institution Routing no. Account no.

28 QUESTIONS, COMMENTS & OTHER INFORMATIONCity of residence on Dec. 31 County School district

To the best of my knowledge, the information in this organizer is correct and includes all income, deductions, and other information necessary for the preparation of this year's income tax returns, for which I have adequate records.

TAXPAYER SIGNATURE

DATE

SPOUSE SIGNATURE

DATE