2026 | 1040 | US | Tax Organizer

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Tax Return Appointment

Date:
Time:
Location:

This tax organizer will assist you in gathering information necessary for the preparation of your tax return. Please enter all pertinent information.

NOTE: If you claim the earned income credit, please provide proof that your child is a resident of the United States. This proof is typically in the form of: school records or statement, landlord or property management statement, health care provider statement, medical records, child care provider records, placement agency statement, social service records or statement, place of worship, Indian tribal office statement, or employer statement.

NOTE: If your child is disabled, please provide one of the following forms of proof of disability: doctor statement, other health care provider statement, or social services agency or program statement.

CLIENT INFORMATION

	Taxpayer	Spouse
First name and initial		
Last name		
Title/suffix		
Social security number		
Occupation		
Date of birth (m/d/y)		
Date of death (m/d/y)		
1=blind		
Home phone		
Work phone		
Work extension		
Cell phone		
E-mail address		

Address	In care of	
	Street address	
	Apartment number	
	City	
	State	
	ZIP code	

DEPENDENTS

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

	Dependent No.	Dependent No.
First name		
Last name		
Title/suffix		
Date of birth (m/d/y)		
Date of death (m/d/y)		
Date of adoption (m/d/y)		
Social security number		
Relationship		
Months lived at home		

2026 | 1040 | US | Miscellaneous Questions

If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

YES	NO	
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	Could you be claimed as a dependent on another person's tax return?
☐	☐	Were there any changes in dependents?
☐	☐	Did you and your dependents have health care coverage for the full-year?
☐	☐	Did you receive an IRS document 1095-A (Health Insurance Marketplace Statement)? If so, please attach.
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you receive any disability income?
☐	☐	Did you buy or sell any stocks, bonds or other investment property?
☐	☐	Did you purchase, sell, or refinance your principal home or second home, or did you take a home equity loan?
☐	☐	Did you make any residential energy-efficient improvements or purchases involving solar, wind, geothermal or fuel cell energy sources?
☐	☐	Did you receive a distribution from or make a contribution to a retirement plan (401(k), IRA, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another?
☐	☐	Did you convert part or all of your traditional/SEP/SIMPLE IRA to a Roth IRA?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you use your car on the job (other than to and from work)?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Was your home rented out or used for business?
☐	☐	Were you notified or audited by either the IRS or the State taxing agency?
☐	☐	Did you receive an economic impact payment? If so, how much?

2026 | 1040 | US | Direct Deposit & Estimates (Form 1040 ES)

Please enter all pertinent information.

DIRECT DEPOSIT / ELECTRONIC PAYMENT (3)

1=direct deposit of federal tax refund into bank account	
1=electronic payment of balance due	
1=electronic payment of estimated tax	

BANK INFORMATION

Name of Bank	Percent to Deposit (xx.xx)	Routing Number	Account Number	Type of Account (Table 1)	Type of Invest. (Table 2)

ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	Voucher Amount
Overpayment applied				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				
Former spouse SSN if joint estimates				

State

	Amount Paid	Date Paid	TS	Voucher Amount
Overpayment applied				
1st quarter payment				
2nd quarter payment				
3rd quarter payment				
4th quarter payment				
Additional Estimated Tax Payments				
Paid with extension				

1 Type of Account

1 = Savings
2 = Checking

2 Type of Investment

1 = Checking or savings (default)
2 = Taxpayer's IRA (next year limits)
3 = Spouse's IRA (next year limits)
4 = Health savings account (HSA)
5 = Archer MSA
6 = Coverdell savings account (ESA)
7 = Other
8 = Taxpayer's IRA (current year limits)
9 = Spouse's IRA (current year limits)