2026	1040	US	Tax Organizer

HUEY AND BJORN
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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 2026 tax return. Please enter all pertinent 2026 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		

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Please enter all pertinent 2026 information. If you have attached a government form for an item, check the box and do not enter a 2026 amount.

WAGES, SALARIES AND TIPS

Employer name:	2026 Amount	2025 Amount
☐	Attach Forms W-2	
☐		
☐		
☐		
☐		

INTEREST INCOME

Payer name:		
☐	Attach Forms 1099-INT	
☐		
☐		
☐		
☐		

DIVIDEND INCOME

Payer name:		
☐	Attach Forms 1099-DIV	
☐		
☐		
☐		
☐		

PENSIONS, IRA AND GAMBLING INCOME

Payer name:		
☐	Attach Forms 1099-R & W-2G	
☐		
☐		
☐		
☐		
Winnings not reported on W-2G		
Total gambling losses		

OTHER GOVERNMENT FORMS - INCOME

☐ Form 1099-B - Sales of stock (also include transaction history)	Attach Forms 1099	
☐ Form 1099-MISC - Miscellaneous income		
☐ Form 1099-K - Merchant card and third party network payments		
☐ Form 1099-S - Sales of real estate (also include closing statements)		
☐ Form 1099-G - State tax refunds	Attach Forms 1099	

Taxpayer:

☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
☐ Form 1099-Q (529 Plan)		
☐ Form 1099-QA/5498-QA (ABLE Accounts)		

Spouse:

☐ Form SSA-1099 - Social security benefits	Attach Forms 1099	
☐ Form 1099-G - Unemployment compensation		
☐ Form 1099-Q (529 Plan)		
☐ Form 1099-QA/5498-QA (ABLE Accounts)		

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MISCELLANEOUS INCOME

Taxpayer: Alimony received		
Spouse: Alimony received		
Other:		

RETIREMENT PLAN CONTRIBUTIONS

	2026 Amount	2025 Amount
Taxpayer: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		
Spouse: Traditional IRA contributions (1=maximum)		
Roth IRA contributions (1=maximum)		
Self-employed, SEP, SIMPLE, & qualified plan contributions (1=maximum)		

OTHER GOVERNMENT FORMS - DEDUCTIONS

☐ Form 1098-E - Student loan interest	**Attach Forms 1098**	
☐ Form 1098-T - Tuition and related expenses		

AFFORDABLE CARE ACT

☐ Form 1095-A - Health Insurance Marketplace Statement	**Attach Forms 1095**	

ADJUSTMENTS TO INCOME

Taxpayer:		
Self-employed health insurance premiums		
Educator expenses		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		
Spouse:		
Self-employed health insurance premiums		
Educator expenses		
Other adjustments to income:		
Alimony paid - Recipient name & SSN		

MEDICAL AND DENTAL EXPENSES

Prescription medicines and drugs		
Doctors, dentists and nurses		
Hospitals and nursing homes		
Insurance premiums		
Long-term care premiums - taxpayer		
Long-term care premiums - spouse		
Insurance reimbursement		
Out-of-pocket lodging and transportation expenses		
Number of medical miles		
Other:		

TAXES PAID

State income taxes - 1/26 payment on 2025 state estimate		

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TAXES PAID (continued)

	2026 Amount	2025 Amount
State income taxes - paid with 2025 state extension		
State income taxes - paid with 2025 state return		
State income taxes - paid for prior years and/or to other states		
City/local income taxes - 1/26 payment on 2025 city/local estimate		
City/local income taxes - paid with 2025 city/local extension		
City/local income taxes - paid with 2025 city/local return		
State and local sales taxes (except autos and special items)		
Use taxes paid on 2026 purchases		
Use taxes paid on 2025 state return		
Sales tax on autos not included above		
Sales taxes paid on boats, aircraft, and other special items		
Real estate taxes - principal residence		
Real estate taxes - property held for investment		
Foreign income taxes		
☐ Personal property taxes (including automobile fees in some states)	**Attach Tax Notice**	

INTEREST PAID

Home mortgage interest and points paid:

☐ _____	**Attach Forms 1098**	
☐ _____		

Home mortgage interest not on Form 1098 (include name, SSN, & address of payee):

_____		
_____		

Points not reported on Form 1098:

_____		

Investment interest (interest on margin accounts):

_____		
_____		
Passive interest		

CASH CONTRIBUTIONS

NOTE: No deduction is allowed for cash or check contributions unless the donor maintains a bank record, or a written communication from the donee, showing the name of the organization, contribution date(s), and contribution amount(s).

_____		
_____		
Volunteer expenses (out-of-pocket)		
Number of charitable miles		

NONCASH CONTRIBUTIONS

NOTE: No deduction is allowed for contributions of clothing and household items that are not in good used condition or better, in addition, a deduction for any item with minimal monetary value may be denied.

_____		
_____		

MISCELLANEOUS DEDUCTIONS

Union and professional dues		
Tax return preparation fee		
Safe deposit box rental		
Investment expenses		
Estate tax, section 691(c)		
Unreimbursed employee expenses:		
_____		
_____		
Other: _____		
_____		

2026 | 1040 | US | Miscellaneous Questions

If any of the following items pertain to you or your spouse for 2026, please check the appropriate box and provide additional information if necessary.

YES	NO	
		PERSONAL INFORMATION
☐	☐	Did your marital status change during the year?
☐	☐	Did your address change during the year?
☐	☐	In 2026, could you be claimed as a dependent on another person's tax return?
		DEPENDENTS
☐	☐	Were there any changes in dependents?
☐	☐	Were any of your unmarried children who might be claimed as dependents 19 years of age or older (or 24 years or older if student) at the end of 2026?
☐	☐	Did you have any children under age 19 or full-time students under age 24 at the end of 2026, with interest and dividend income in excess of $1,350, or total investment income in excess of $2,700?
		HEALTH CARE COVERAGE
☐	☐	Did you receive IRS document Form 1095-A (Health Insurance Marketplace Statement), If so, please attach.
		INCOME
☐	☐	Did you receive unreported tip income of $20 or more in any month?
☐	☐	Did you receive any overtime pay in 2026?
☐	☐	Did you cash any Series EE U.S. savings bonds issued after 1989 and pay qualified higher education expenses for yourself, your spouse or your dependents?
☐	☐	Did you receive any disability income?
☐	☐	Did you have any foreign income or pay any foreign taxes?
		PURCHASES, SALES AND DEBT
☐	☐	Did you start a business or farm, purchase rental or royalty property, or acquire an interest in a partnership, S corporation, trust, or REMIC?
☐	☐	Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.), or convert any personal assets to business use?
☐	☐	In 2026, 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 have any debts cancelled or forgiven?
☐	☐	Does anyone owe you money which has become uncollectible?

2026	1040	US	Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2026, please check the appropriate box and provide additional information if necessary.

YES	NO	
		RETIREMENT PLANS
☐	☐	Did you receive a distribution from a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you make a contribution to a retirement plan (401(k), IRA, SEP, SIMPLE, Qualified Plan, etc.)?
☐	☐	Did you transfer or rollover any amount from one retirement plan to another retirement plan?
		EDUCATION
☐	☐	Did you receive a distribution from an Education Savings Account or a Qualified Tuition Program?
☐	☐	Did you, your spouse, or a dependent incur any tuition expenses that are required to attend a college, university, or vocational school?
		ITEMIZED DEDUCTIONS
☐	☐	Did you incur a loss because of damaged or stolen property?
☐	☐	Did you work out of town for part of the year?
☐	☐	Did you purchase a new or used vehicle in 2026?
		ESTIMATED TAXES
☐	☐	Did you apply an overpayment of 2025 taxes to your 2026 estimated tax (instead of being refunded)?
☐	☐	If you have an overpayment of 2026 taxes, do you want the excess applied to your 2027 estimated tax (instead of being refunded)?
☐	☐	Do you expect your 2027 taxable income and withholdings to be different from 2026?
		MISCELLANEOUS
☐	☐	Do you want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	Does your spouse want to allocate $3 to the Presidential Election Campaign Fund?
☐	☐	May the IRS discuss your tax return with your preparer?
☐	☐	Did you have an interest in or signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

2026	1040	US	Miscellaneous Questions (continued)

If any of the following items pertain to you or your spouse for 2026, please check the appropriate box and provide additional information if necessary.

MISCELLANEOUS (continued)

YES	NO	
☐	☐	Did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?
☐	☐	Was your home rented out or used for business?
☐	☐	Did you have a medical savings account (MSA), a Medicare Advantage MSA, or acquire an interest in an MSA or a Medicare Advantage MSA because of the death of the account holder? Or, were you a policyholder who received payments under a long-term care (LTC) insurance contract or received any accelerated death benefits from a life insurance policy?
☐	☐	Did you receive a distribution from an Achieving a Better Life Experience (ABLE) savings account?
☐	☐	Are you a member of the Armed Forces of the United States on active duty who moved pursuant to a military order related to a permanent change of station or an employee/appointee of the intelligence community who were required to relocate due to a change in assignment?
☐	☐	Did you engage the services of any household employees?
☐	☐	Were you notified or audited by either the Internal Revenue Service or the State taxing agency?
☐	☐	Did you or your spouse make any gifts to an individual that total more than $19,000 or any gifts to a trust?
☐	☐	Did your bank account information change within the last twelve months?
☐	☐	At any time during 2026, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency?
☐	☐	In 2026, did you finance the purchase of a new personal use vehicle which was assembled in the U.S.?

2026	1040	US	Direct Deposit & Estimates (Form 1040 ES)	3, 6

Please enter all pertinent 2026 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)

2026 ESTIMATED TAX / 1040-ES (6)

Federal

	Amount Paid	Date Paid	TS	2026 Voucher Amount
Overpayment applied from 2025				
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	2026 Voucher Amount
Overpayment applied from 2025				
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)

2026	1040	US	Direct Deposit & Estimates (Form 1040 ES) (cont.)	7.1

Please enter all pertinent 2026 information.

APPLICATION OF 2026 OVERPAYMENT (7.1)

If you have an overpayment of 2026 taxes, do you want the excess refunded? ☐ or applied to 2027 estimate? ☐

Other (please explain):

2027 ESTIMATED TAX INFORMATION

Do you expect your 2027 taxable income to be different from 2026? ..... Yes ☐ No ☐

If "yes" explain any differences in income, deductions, dependents, etc.:

Do you expect your 2027 withholding to be different from 2026? ..... Yes ☐ No ☐

If "yes" explain any differences:

2026	1040	US	Health Savings Accounts (8889)	32.1

Please enter all pertinent 2026 amounts & attach all 1099-SA forms.
Last year's amounts are provided for your reference.

HSA CONTRIBUTIONS

NOTE: Contributions to an HSA are only eligible to persons covered under a high deductible health plan. For tax year 2026, a high deductible health plan is one with an annual deductible that is not less than $1,700 for self-only coverage or $3,400 for family coverage and the annual out-of-pocket expenses (deductibles, co-payments, and other amounts, but not premiums) do not exceed $8,500 for self-only coverage or $17,000 for family coverage.

	2026 Amount		2025 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
1=self-only coverage, 2=family coverage				
HSA contributions you made or expect to make, except rollovers, employer contributions, and contributions made to an employee account through a cafeteria plan (1=maximum)				
Contributions included above that were made after you became eligible for Medicare				
Contributions made to date				

HSA DISTRIBUTIONS

Total HSA distribution received (1099-SA, box 1)				
Distributions included above that were rolled over to another HSA				
Total unreimbursed qualified medical expenses				

2026	1040	US	Child and Dependent Care Expenses (Form 2441)	33.1,33.2

Please enter all pertinent 2026 information. Last year's amounts are provided for your reference. You must have paid for the care of one or more dependents enabling you to work or attend school to qualify for this credit.

DEPENDENT CARE EXPENSES (33.1)

	2026 Amount		2025 Amount	
	Taxpayer	Spouse	Taxpayer	Spouse
Dependent care expenses incurred but not paid in 2026				
Employer-provided benefits forfeited in 2026				

PERSONS AND EXPENSES QUALIFYING FOR DEPENDENT CARE CREDIT

No.	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2026		2025 amt:
	1=over age 12 & disabled at the time care was provided		
	1=spouse, 2=joint		

No.	First name		
	Last name		
	Title or suffix		
	Date of birth (m/d/y)		
	Social security number		
	Qualified dependent care expenses incurred and paid in 2026		2025 amt:
	1=over age 12 & disabled at the time care was provided		
	1=spouse, 2=joint		

PERSONS OR ORGANIZATIONS PROVIDING CARE (33.2)

No.	Name of provider		
	Street address		
	City		
	State		
	ZIP code		
	Foreign region		
	Foreign postal code		
	Foreign country		
	Identification number (SSN or EIN)		
	Amount paid to care provider in 2026		2025 amt:
	1=spouse, 2=joint		
	1=care provided ind. above was a household employee		
	1=employer furnished dependent care		

2026	1040	US	Report of Foreign Bank and Financial Accounts	82.1

Please enter all pertinent 2026 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2026 Amount	2025 Amount
Canadian province or Mexican state		
Other type of filer		
Foreign identification:		
Taxpayer:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Spouse:		
1=passport, 2=foreign TIN		
Other type of identification		
Number		
Country of issue		
Taxpayer:		
Title		
Spouse:		
Title		