

R.D. BOORSMA & ASSOCIATES INC

2026 TAX ORGANIZER

2920 FULLER AVE NE #101, GRAND RAPIDS MI 49505
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Roger Boorsma | Kindra VanSlyke | Rebecca Friend | Kelly Utter

FILING STATUS → ☐ Joint ☐ Single ☐ Head of Household ☐ Married Filing Separate

NAME: _____ **DOB:** _____

SSN: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY RESIDENT OF: _____

SPOUSE NAME: _____ **DOB:** _____

SSN: _____

PHONE: _____

EMAIL: _____

DIRECT DEPOSIT

Bank Name: _____

Account #: _____ **Routing #:** _____

DEPENDENTS (DO NOT INCLUDE SELF OR SPOUSE)

NAME	SOCIAL SECURITY #	DOB	RELATIONSHIP
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

IF YOU HAVE ANY OF THE FOLLOWING FORMS PLEASE PROVIDE:

- **W2** → Wages
- **W2G** → Gambling winnings
- **1099 R** → Distributions from Pensions, Annuities, Retirement, Profit-Sharing, IRA's
- **SSA 1099** → Social Security, Railroad Benefits, Medicare B, C, or D Premiums
- **1099 MISC / 1099 NEC** → *If you are self-employed, please bring a separate list of income & expenses.*
- **1099 INT** → Interest Income / **1099 DIV**: Dividend Income / **1099 B**: Broker Statements
- **1098 T** → Student Loan Interest Paid
- **1099 G** → Certain Government Payments (Unemployment)
- **1098 E** → Mortgage interest statement
- **Schedule K1** → Partnership, S-Corporation, Trust

ITEMIZED DEDUCTIONS:

- **2026 Property Tax bill** for Primary residence, Second Home, Cottage, or Lots
Summer \$ _____ Winter \$ _____
(For property tax credit must have both **SUMMER & WINTER 2026**)
- **HSA** (Health Savings Account) Contributions \$ _____ Distributions \$ _____
- **Medical (Not paid by Insurance):**
Insurance Premiums (out of pocket) \$ _____
Medical & Dental Expenses (out of pocket) \$ _____
- **Vehicle Registration** \$ _____
- **Total of Donations** \$ _____
- **Mortgage Interest** \$ _____
- **Teacher Expenses** (Total of all expenses) \$ _____
- **New Vehicle (Must be a 2025 or newer vehicle purchased in 2025 or 2026):**
Make / Model / Year: _____
VIN#: _____
Year End Loan Balance \$ _____
Total Interest Paid in 2026 \$ _____

COLLEGE TUITION PAID: PROVIDE THE 1098T FOR EACH STUDENT (*circle the year completed in 2026*)

Student Name: _____ Year: 1 2 3 4 or more
Student Name: _____ Year: 1 2 3 4 or more
Cost of books or materials required for courses \$ _____

DAYCARE EXPENSES:

Provider Name: _____ Provider ID# (EIN): _____
Address: _____ Amount Paid:\$ _____

Provider Name: _____ Provider ID# (EIN): _____
Address: _____ Amount Paid:\$ _____

RENTAL PROPERTY INCOME & EXPENSES (LIST ADDITIONAL PROPERTIES ON SEPARATE SHEET)

Rental Property Address: _____

Purchase Price: _____ Purchase Date: _____

Income: _____

Expenses:

Cleaning/Maintenance: _____

Insurance: _____

Interest: _____

Mileage: _____

Supplies: _____

Taxes: _____

Utilities: _____

Major Improvements: _____

RENT PROPERTY TAX CREDIT

Landowner's Name: _____

Address: _____

Months Rented: _____ Rent paid per month: \$ _____

Landowner's Name: _____

Address: _____

Months Rented: _____ Rent paid per month: \$ _____

PREPAID ESTIMATED TAXES PAID 2026 (DO NOT INCLUDE TAXES ON W2)

QUARTER	FEDERAL	STATE	CITY
1ST QUARTER	_____	_____	_____
2ND QUARTER	_____	_____	_____
3RD QUARTER	_____	_____	_____
4TH QUARTER	_____	_____	_____