

TAX ORGANIZER

Morkel Financial LLC

Tax Year:

INSTRUCTIONS

1. Returning Clients - Personal Information

If we prepared your taxes last year, you may leave the Personal Information section blank PROVIDED that none of your information has changed. If any of the following apply, please complete the Personal Information section:

- You moved to a new address
- You got married or divorced
- A spouse passed away
- You changed your name
- You have a new phone number or email address

2. Tax Documents

Use the checklist on page 3 to indicate which tax documents you are including. Enter the number of each form type you are submitting. Please include copies of ALL W-2s, 1099s, and other tax documents you received.

3. Business & Rental Property Organizers

This organizer does NOT include self-employment or rental property income. If you have business income, rental properties, or are self-employed, you must complete a separate organizer for EACH:

- Business Organizer – one for each self-employment activity or business
- Rental Organizer – one for each rental property

To request these organizers, email: ewan@morkelfinancial.com

4. Submitting Your Organizer

Submit your completed organizer and all tax documents securely online at:

encyro.com/morkelfinancial

5. Questions?

If you have any questions while completing this organizer, please don't hesitate to reach out. We're here to help make tax time as smooth as possible.

NEW CLIENTS

If this is your first year with Morkel Financial, please upload a copy of your prior year tax return (Form 1040 with all schedules) along with this organizer. This helps us ensure accuracy and identify any carryforward items.

CONTACT INFORMATION

Ewan Morkel, EA | Morkel Financial LLC

Phone: (801) 210-9358

Email: ewan@morkelfinancial.com

Secure Upload: encyro.com/morkelfinancial

PERSONAL INFORMATION - TAXPAYER

First Name	Last Name	SSN
Date of Birth	Occupation	Phone
Email Address	Driver's License # & State	

PERSONAL INFORMATION - SPOUSE (if filing jointly)

First Name	Last Name	SSN
Date of Birth	Occupation	Phone
Spouse Email	Driver's License # & State	

MAILING ADDRESS

Street Address	Apt/Unit		
City	State	ZIP Code	County

FILING STATUS

- Single Married Filing Jointly Married Filing Separately Head of Household
 Qualifying Surviving Spouse

DOCUMENT CHECKLIST

Enter the number of each form type you are including. Leave blank or enter 0 if none.

TAX DOCUMENTS # of Forms

Form 1040 Last year's tax return (NEW CLIENTS: Required)

INCOME DOCUMENTS # of Forms

W-2 Wages from employment

W-2G Gambling winnings

1099-NEC Nonemployee compensation (freelance, contract work)

1099-MISC Miscellaneous income (rents, royalties, prizes)

1099-INT Interest income

1099-DIV Dividend income

1099-B Stock/investment sales (brokerage statements)

1099-R Retirement distributions (IRA, 401k, pension)

1099-G Government payments (unemployment, state refunds)

1099-S Real estate sale proceeds

1099-C Cancellation of debt

1099-K Payment card/third party transactions

SSA-1099 Social Security benefits

K-1 Partnership/S-Corp/Trust income

DEDUCTION & CREDIT DOCUMENTS # of Forms

1098 Mortgage interest

1098-E Student loan interest

1098-T Tuition payments

1095-A Health insurance marketplace

1095-B/C Health coverage

5498 IRA contributions

5498-SA HSA/MSA contributions

OBBBA DEDUCTIONS (2025–2028)

Enter amounts from W-2 Box 14, Box 12 Code TT, or pay stubs. Deductible even if taking standard deduction.

Qualified Overtime (FLSA premium portion only, max \$12,500/\$25,000 MFJ) Qualified Tips (for tipped occupations, max \$25,000)

Other documents included (describe):

DEPENDENTS

Full Name	Relationship	Date of Birth	SSN	Months Lived at Home in 2025

CHILDCARE PROVIDER (for dependents under 13)

Provider Name	Provider EIN/SSN	Amount Paid
Provider Address		

ITEMIZED DEDUCTIONS (if not using standard deduction)

Medical/Dental Expenses (out of pocket)	
Real Estate Taxes Paid	Personal Property Tax (vehicles)
Mortgage Interest (if no 1098)	Points Paid on New Purchase

CAR LOAN INTEREST DEDUCTION (OBBBA)

For new U.S.-assembled vehicles purchased 2025–2028. Up to \$10,000 deductible. Attach lender statement.

Vehicle 1	
Year/Make/Model	Interest Paid
VIN	Purchase Date
Vehicle 2	
Year/Make/Model	Interest Paid
VIN	Purchase Date

CHARITABLE CONTRIBUTIONS

Organization Name	Cash	Non-Cash Value

EDUCATION EXPENSES

Student Name	School Name
Tuition & Fees Paid (if no 1098-T)	Scholarships Received

RETIREMENT CONTRIBUTIONS (not through employer)

Traditional IRA	Roth IRA	HSA
-----------------	----------	-----

ESTIMATED TAX PAYMENTS MADE THIS YEAR

Quarter	Date Paid	Federal Amount	State Amount
Q1 (Apr 15)			
Q2 (Jun 15)			
Q3 (Sep 15)			
Q4 (Jan 15)			

BANK INFORMATION FOR DIRECT DEPOSIT / WITHDRAWAL

Bank Name

Routing Number

Account Number

Account Type: Checking Savings

ADDITIONAL INFORMATION / NOTES

Multiple horizontal lines for notes.

ELECTRONIC SIGNATURE

By typing your name below, you acknowledge that this organizer is correct to the best of your knowledge.

Taxpayer Signature (type full name)

Date

Spouse Signature (type full name)

Date