

# TAX ORGANIZER

Tax Year: \_\_\_\_\_

Morkel Financial LLC

## 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](mailto:ewan@morkelfinancial.com)

### 4. Submitting Your Organizer

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

[encyro.com/morkelfinancial](http://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.

#### BEFORE SUBMITTING, PLEASE CONFIRM:

- All pages of this organizer are completed (or marked N/A)
- All W-2s, 1099s, and other tax documents are included
- Business/Rental organizers are completed (if applicable)
- Organizer is signed and dated

*Returning clients: Leave this section blank if your information has not changed since last year.*

## 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

## 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

## TAX DOCUMENTS CHECKLIST

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

### INCOME DOCUMENTS

# of Forms

<b>W-2</b>	Wages from employment
<b>W-2G</b>	Gambling winnings
<b>1099-NEC</b>	Nonemployee compensation (freelance, contract work)
<b>1099-MISC</b>	Miscellaneous income (rents, royalties, prizes)
<b>1099-INT</b>	Interest income
<b>1099-DIV</b>	Dividend income
<b>1099-B</b>	Stock/investment sales (brokerage statements)
<b>1099-R</b>	Retirement distributions (IRA, 401k, pension)
<b>1099-G</b>	Government payments (unemployment, state refunds)
<b>1099-S</b>	Real estate sale proceeds
<b>1099-C</b>	Cancellation of debt
<b>1099-K</b>	Payment card/third party transactions
<b>SSA-1099</b>	Social Security benefits
<b>K-1</b>	Partnership/S-Corp/Trust income

### DEDUCTION & CREDIT DOCUMENTS

# of Forms

<b>1098</b>	Mortgage interest
<b>1098-E</b>	Student loan interest
<b>1098-T</b>	Tuition payments
<b>1095-A</b>	Health insurance marketplace
<b>1095-B/C</b>	Health coverage
<b>5498</b>	IRA contributions
<b>5498-SA</b>	HSA/MSA contributions

### OVERTIME PAY AND TIPS

Qualified Overtime Pay (from W-2 Box 14 or pay stubs)

Qualified Tips (from W-2 Box 7 or tip records)

Other documents included (describe):

## DEPENDENTS

Full Name	Relationship	Date of Birth	SSN	Months Lived

## CHILDCARE PROVIDER (for dependents under 13)

Provider Name	Provider EIN/SSN	Amount Paid
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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
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VIN Purchase Date

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

## CHARITABLE CONTRIBUTIONS

## 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

### 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