

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.

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

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

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
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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

VIN

Purchase Date

Vehicle 2 - Year/Make/Model

Interest Paid

VIN

Purchase Date

CHARITABLE CONTRIBUTIONS

Organization Name	Cash	Non-Cash Value
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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
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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