# Tax Organizer For
# 2026 Income Tax Return

**Prepared For:**

**CLIENT ORGANIZER**

**,**

**Prepared By:**

**AIS TAX AND FINANCIAL, LLC.**
**2541 Tamiami Trail**
**PT CHARLOTTE, FL 33952**

This Tax Organizer can be used to help identify information needed to prepare your 2026 income tax return. Enter your 2026 tax information and if additional space is required, enclose a separate sheet with the details. If available, your prior year information has been included for reference.

Please return this Tax Organizer along with all Forms W-2, 1099, and any other relevant information that will assist in the accurate preparation of your 2026 income tax return.

If you have any questions, please feel free to contact us at (941)249-3043.

**PERSONAL INFORMATION ORGANIZER**

Please complete this Organizer before your appointment.

## 1. PERSONAL INFORMATION

| Name | | SSN or ITIN | Date of Birth | Date of Death | Occupation | Blind | Disabled |
|---|---|---|---|---|---|---|---|
| Taxpayer | **CLIENT ORGANIZER** | | | | | ☐ | ☐ |
| Spouse | | | | | | ☐ | ☐ |

| Street Address | Apt. | City or town | State | Zip Code | County |
|---|---|---|---|---|---|
| | | | | | |

| Foreign country | Foreign province/state | Foreign postal code |
|---|---|---|
| | | |

| E-mail Address(es) | Home Phone | Mobile Phone |
|---|---|---|
| | | |
| Spouse's E-mail Address(es) | Spouse's Mobile Phone | |
| | | |

## 2. FILING STATUS

☒ Single ☐ Check if parent (or someone else) can claim you as a dependent on their return.

☐ Married Filing Joint

☐ Married Filing Separate ☐ Check if you lived apart from your spouse for all of 2026.

☐ Head of Household

☐ Qualifying surviving spouse (QSS) Year spouse died: _____

## 3. DEPENDENTS

| Name | Relationship | Date of Birth | SSN or ITIN | Months Lived With You | Disabled | Full Time Student | Dependent's Gross Income | Child Care Expenses Paid |
|---|---|---|---|---|---|---|---|---|
| | | | | | ☐ | ☐ | | |
| | | | | | ☐ | ☐ | | |
| | | | | | ☐ | ☐ | | |
| | | | | | ☐ | ☐ | | |
| | | | | | ☐ | ☐ | | |

## 4. REFUND INFORMATION

1. Would you like to have any refunds directly deposited into your bank account? . . . . . ☐ Yes ☐ No

**Bank Account**

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint

Type ☐ Checking ☐ Savings

Bank name _____

Routing number _____

Account number _____

Account outside the jurisdiction of the United States? ☐ Yes

**Bank Account**

Ownership ☐ Taxpayer ☐ Spouse ☐ Joint

Type ☐ Checking ☐ Savings

Bank name _____

Routing number _____

Account number _____

Account outside the jurisdiction of the United States? ☐ Yes

## 5. IDENTIFICATION INFORMATION

**Taxpayer**

Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID

ID number _____

Location of issuance _____

Issue date _____

Expiration date _____

**Spouse**

Type of ID: ☐ Driver's license ☐ State-issued ID ☐ No ID

ID number _____

Location of issuance _____

Issue date _____

Expiration date _____

## 6. HEALTH CARE INFORMATION

Please indicate where you received your health insurance from for all members of your tax household.

☐ Employer ☐ Government-Sponsored Marketplace ☐ Private Exchange (Individual Insurance Company)

## 7. MISCELLANEOUS PERSONAL INFORMATION QUESTIONS

| | | |
|---|---|---|
| 1. Check the applicable boxes if you wish to contribute $3 to the Presidential Election campaign fund. | ☐ Taxpayer | ☐ Spouse |
| 2. Were you a victim of identity theft and have you been contacted by the IRS? | ☐ Yes | ☐ No |
| If Yes, please furnish the 6-digit PIN issued to you by the IRS _____ | | |
| 3. Were you (or your spouse if filing jointly) a nonresident alien for any part of 2025? | ☐ Yes | ☐ No |
| 4. Have you received any notices or correspondences from the IRS or state in the past 3 tax years? | ☐ Yes | ☐ No |
| 5. Do you have any children age 18 or under (or student under age 24) who had unearned income of more than $2,700? | ☐ Yes | ☐ No |
| 6. If any of your children are required to file a return, do you elect to report your child's interest and dividends on your return? | ☐ Yes | ☐ No |
| 7. Did you give a gift of more than $19,000 to one or more people? | ☐ Yes | ☐ No |
| 8. If age 65 or older, do you want to file Form 1040-SR, U.S. Tax Return for Seniors, instead of Form 1040? | ☐ Yes | ☐ No |

## 8. COMMENTS

# INCOME ORGANIZER

Please complete this Organizer before your appointment.
Business, Farm and Rental and Royalty Income or Loss Organizers are on separate pages.

## 1. WAGE AND SALARY INFORMATION

Attach W-2s:

| Employer Name | Taxpayer | Spouse |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

Unreported tip income received: . . . . . _____

## 2. INTEREST AND DIVIDEND INCOME

Attach 1099-INT, 1099-DIV or other statements

| Payer Name | Taxpayer | Spouse |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

## 3. RETIREMENT DISTRIBUTIONS

Attach 1099-R & 5498

| Payer Name | Roth IRA | Other IRA | Taxpayer | Spouse |
|---|---|---|---|---|
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |
| | ☐ | ☐ | ☐ | ☐ |

Attach SSA 1099 or RRB 1099

| | Yes | No |
|---|---|---|
| Did you receive social security benefits? . . . . . | ☐ | ☐ |
| Did you receive railroad retirement benefits? . . . | ☐ | ☐ |

## 4. SCHEDULE K-1 INCOME (1065, 1120-S AND 1041)

Attach K-1s:

| Payer Name | Taxpayer | Spouse |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

## 5. CAPITAL GAINS AND LOSSES

Attach 1099-Bs:

| Payer Name | Taxpayer | Spouse |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

## 6. OTHER INCOME

| Description | Amount |
|---|---|
| State income tax refund | |
| Alimony received | |
| Date of original divorce/separation agreement | |
| Unemployment compensation | |
| Gambling winnings | |
| Jury pay | |
| Hobby income | |
| Scholarships (grants) | |
| NOL Carryforward | |
| Child support | |
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## 7. MISCELLANEOUS INCOME QUESTIONS

1. Did you sell your home? . . . . . ☐ Yes ☐ No

2. Did you earn any foreign income or pay any foreign taxes? . . . . . ☐ Yes ☐ No

3. Do you have a health savings account (HSA), Archer MSA or Medicare Advantage (MA) MSA? . . . . . ☐ Yes ☐ No

4. Did you have a financial account in a foreign country (i.e. bank account, securities account, etc.)? . . . . . ☐ Yes ☐ No
   If Yes, did the aggregate value of all financial accounts exceed $10,000 at any time during 2026? . . . . . ☐ Yes ☐ No

5. Did you have any debt forgiven (i.e. student loans, home mortgage, etc.)? . . . . . ☐ Yes ☐ No

6. At any time during 2026, did you:
   (a) receive (as a reward, award, or compensation)
   (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? . . . . . ☐ Yes ☐ No

**BUSINESS INCOME AND EXPENSES** *(Schedule C)*

**CLIENT ORGANIZER**

Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2026? ☐ Yes ☐ No

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (describe)

Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe)

| **Income and Cost of Goods Sold** | **2026 Amount** | **2025 Amount** |
|---|---|---|
| Gross receipts or sales | | |
| Returns and allowances | | |
| Other income (enclose description) | | |
| Inventory at beginning of year | | |
| Purchases less cost of items withdrawn for personal use | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs | | |
| Inventory at end of year | | |

| **Expenses** | **2026 Amount** | **2025 Amount** | | **2026 Amount** | **2025 Amount** |
|---|---|---|---|---|---|
| Advertising | | | Wages | | |
| Commissions and fees | | | Energy efficient commercial bldgs deduction | | |
| Contract labor | | | | | |
| Depletion | | | Other: _____ | | |
| Employee benefits | | | | | |
| Insurance (other than health) | | | | | |
| Mortgage interest | | | | | |
| Other interest | | | | | |
| Legal and professional fees | | | | | |
| Office expenses | | | | | |
| Pension and profit sharing | | | | | |
| Rent - Vehicle, machinery | | | | | |
| Rent - Other | | | | | |
| Repairs and maintenance | | | | | |
| Supplies | | | | | |
| Taxes and licenses | | | | | |
| Travel | | | | | |
| Meals and entertainment | | | | | |
| Utilities | | | | | |

**Vehicle Information**

Vehicle description _____ Date placed in service _____ Cost or basis _____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

**Sales, Purchases, and Disposition of Assets in 2026** (New clients, enclose detailed listing of all depreciable assets.)

| Asset description | Date acquired | Purchase price | Date sold | Sales Price |
|---|---|---|---|---|
| | | | | |
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**Business Use of Home**

Area used exclusively for business _____ Total area of home _____

Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service _____

Casualty losses _____ Insurance _____ Rent _____

Mortgage interest _____ Repairs and maintenance _____ FMV of home _____

Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____

Carryover of unallowed expenses to 2026 ☐ Yes ☐ No (if yes, enter amount) _____

**CLIENT ORGANIZER**

**RENTAL AND ROYALTY INCOME AND EXPENSES** *(Schedule E, pg 1)*

Indicate the owner of this property: ☐ Taxpayer ☐ Spouse ☐ Joint

Description of property _____

Location of property _____

Did you or your family use this property during the tax year for personal purposes for more than the greater of: (a) 14 days, or (b) 10% of the total days rented at fair market value? ☐ Yes ☐ No

Did you meet the Active Participation requirements for this property? ☐ Yes ☐ No

(To meet these requirements, you must have participated in making management decisions or arranged for others to provide services in a significant and bona fide sense. Such management decisions include approving new tenants, deciding on rental terms, approving repair expenditures, or other similar decisions)

Was this property fully disposed of during 2026? ☐ Yes ☐ No

| **Income** | **2026 Amount** | **2025 Amount** |
|---|---|---|
| Rents received | | |
| Royalties received | | |

| **Expenses** | **2026 Amount** | **2025 Amount** |
|---|---|---|
| Advertising | | |
| Cleaning and maintenance | | |
| Commissions | | |
| Insurance | | |
| Legal and other professional fees | | |
| Management fees | | |
| Mortgage interest paid to banks | | |
| Other interest | | |
| Repairs | | |
| Supplies | | |
| Taxes | | |
| Utilities | | |
| Other _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Amortization | | |
| Section 481(a) adjustment | | |

**Vehicle Information**

Vehicle description _____ Date placed in service_____ Cost or basis_____

Business miles _____ Commuting miles _____ Other miles _____

Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Travel expenses _____

**Sales, Purchases, and Disposition of Assets in 2026**

(New clients, enclose detailed listing of all depreciable assets.)

| Asset description | Date acquired | Purchase price | Date sold | Sales price |
|---|---|---|---|---|
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# DEDUCTIONS ORGANIZER

Please complete this Organizer before your appointment.
Itemized Deduction Organizers are on separate pages.

## CLIENT ORGANIZER

### 1. EDUCATION

Attach 1098-Ts, 1098-E's and 1099-Q's:

| Student Name | Educational Institution | Fr | So | Jr | Sr | Oth | Tuition & Fees | Student Loan Interest Paid | Books, Supplies & Equipment | 529 Plan |
|---|---|---|---|---|---|---|---|---|---|---|
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ |
| | | ☐ | ☐ | ☐ | ☐ | ☐ | | | | ☐ |

### 2. JOB-RELATED MOVING EXPENSES

| Description | Amount |
|---|---|
| Lodging | |
| Gas and Oil | |
| Mileage | |
| Other | |
| Miles from old home to your new workplace | |
| Miles from old home to old workplace | |
| Member of the Armed Forces? ☐ Yes ☐ No | |

### 3. IRA CONTRIBUTIONS

| Description | Amount |
|---|---|
| Contributions to a Traditional IRA | |
| Contributions to a ROTH IRA | |

### 4. OTHER DEDUCTIONS

| Description | Amount |
|---|---|
| Educator expenses | |
| Alimony paid Rec. SSN: _____ Date of original divorce/separation _____ | |
| Health Savings Account contributions | |
| Archer Medical Savings Account contributions | |
| Jury duty repayment to employer | |
| Foreign qualified housing expenses | |
| Contributions to College 529 Savings Plan | |
| Qualified business net (loss) carryover from 2025 | |
| Qualified REIT dividends and PTP net (loss) carryover | |
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### 5. MISCELLANEOUS DEDUCTION QUESTIONS

1. Did you purchase an item(s) during 2026 for which you paid a large amount of sales tax? ☐ Yes ☐ No
2. Did you refinance a mortgage during 2026? ☐ Yes ☐ No
3. Did you pay an interest on a qualifying vehicle purchased after 12/31/2024? ☐ Yes ☐ No

## ITEMIZED DEDUCTIONS

### Medical and Dental Expenses *(not including reimbursements)*

| | 2026 Amount | 2025 Amount |
|---|---|---|
| Medical/dental care insurance premiums (other than self-employed) | | |
| Medicare B and D premiums from SSA-1099 and RRB-1099-R | | |
| Qualified long-term care premiums | | |
| Doctor, dentist, and hospital fees | | |
| Prescription medicines and drugs | | |
| Medical aids such as eyeglasses, contact lenses, and hearing aids | | |
| Total transportation expenses | | |
| Other medical and dental expenses | | |

### Taxes Paid

| | 2026 Amount | 2025 Amount |
|---|---|---|
| State and local income taxes paid (other than withholdings and estimates) | | |
| Actual state and local general sales taxes paid | | |
| State and local real estate taxes | | |
| Personal state/local property taxes (list type of tax paid) ____________ | | |

### Interest Paid

| | 2026 Amount | 2025 Amount |
|---|---|---|
| Home mortgage interest paid to financial institution (enclose Form 1098 or statement) | | |
| Home mortgage interest paid to individual | | |
| *Individual's name* ____________ <br> *Individual's address* ____________ <br> *Individual's ID number* ____________ <br> Qualified mortgage insurance premiums (VA, FHA, RHS, or private) | | |
| Investment interest expense | | |

### Gifts to Charity (If additional lines are needed, attach similar statement)

*Contributions of cash or check*

| Name of charity | Date given | 2026 Amount |
|---|---|---|
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*Noncash contributions*

| Name and address of charity | Date given | FMV |
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**CLIENT ORGANIZER**

**ITEMIZED DEDUCTIONS (continued)**

**Casualty and Theft Losses** (for property damaged by storm, water, fire, accident, or theft)

*Enclose supporting documentation of what is written here, i.e. insurance reimbursement, receipts for cost of repairs.*
*(If additional losses were incurred, please attach a separate sheet of paper with these details.)*

Location of property: _____ Residential property ☐ Business property ☐
Description of property: _____ Federal Disaster ☐
Date of loss: _____ FEMA disaster declaration # _____

Amount of damage _____ Cost basis of property _____ Repair Costs _____
Insurance reimbursement _____ FMV of property before loss _____ Other _____
Federal monies received _____ FMV of property after loss _____ Other _____

**Unreimbursed Employee Business Expenses**

(if any depreciable assets were sold (including the vehicle), please see worksheet below)

Dues (related to job) _____
Subscriptions related to your work _____
Licenses and regulatory fees _____
Tools and supplies used in your work _____
Work clothes, uniforms if required _____
Medical exams required by your employer _____
Work related education (books, tuition) _____
Legal fees related to your job _____
Job search expenses (current occupation) _____

***In home office:**

Total square footage _____
Office square footage _____
Office square footage _____
Rent . . . . . _____
Insurance . . . . . _____
Utilities . . . . . _____
Repairs/Maintenance _____

**Questions relating to mortgage interest, taxes, and casualty losses were asked previously*

**Vehicle Information**

Vehicle description _____
Date placed in service _____
Cost or basis _____

**Miles of vehicle** _____
Business miles _____
Commuting miles _____
Other miles _____

**Expenses**

Actual expenses _____
*(gas, oil, repairs, etc)*
Parking fees and tolls _____
Travel expenses _____

**Sales, Purchases, and Disposition of Assets in 2026**

(New clients, enclose detailed listing of all depreciable assets.)

| T S | Asset description | Date acquired | Purchase price | Date sold | Sales price |
|---|---|---|---|---|---|
| | | | | | |
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**Investment Related Expenses**

Tax preparation fees _____
Safe deposit box _____
Custodial, trust admin fees _____
Fees to collect interest and dividends _____
Tax advice not related to investment income _____
Legal fees related to producing taxable income _____
Other _____
Other _____
Other _____

**Other Misc. Deductions**

Gambling losses . . . . . _____
Estate tax deduction *(in respect of a decedent)* _____
Portfolio from Schedule K-1 _____
Unrecovered investment in a pension _____
Amortizable premium on taxable bonds _____
Disabled persons work expenses _____
Other _____
Other _____
Other _____

**CLIENT ORGANIZER**

# CREDITS AND PAYMENTS ORGANIZER

Please complete this Organizer before your appointment.

## 1. CHILD CARE CREDIT

Attach Daycare Provider Statement(s):

| Care Provider Name | Address | Tax-Exempt | Telephone Number | Identification Number | Amount Paid |
|---|---|---|---|---|---|
| | | ☐ | | | |
| | | ☐ | | | |
| | | ☐ | | | |
| | | ☐ | | | |
| | | ☐ | | | |

## 2. RESIDENTIAL ENERGY CREDIT

| | | | |
|---|---|---|---|
| Solar electric property | | Metal or asphalt roof | |
| Solar water heating | | Exterior windows and skylights | |
| Small wind energy | | Electric heat pump or central air conditioner | |
| Geothermal heat pump | | Natural gas, propane or oil water heater | |
| Fuel cell property | | Biomass fuel stove | |
| Insulation material | | Natural gas, propane or oil furnace | |
| Exterior doors | | Advanced main air circulating fan | |

1. Were the qualified improvements for your main home in the United States? ☐ Yes ☐ No
2. Were any of the improvements related to the construction of this main home? ☐ Yes ☐ No

## 3. MISCELLANEOUS CREDIT QUESTIONS

1. Did you pay any expenses related to the adoption of an eligible child? ☐ Yes ☐ No
2. Do you (and your spouse) have a social security number that allows you to work and is valid? ☐ Yes ☐ No
3. Were you issued a Mortgage Credit Certificate (MCC) by a state or local governmental unit or agency? ☐ Yes ☐ No

## 4. ESTIMATED TAX PAYMENTS

| Federal estimated payments | Date Paid | Amount Paid |
|---|---|---|
| Applied from 2025 federal refund | | |
| 1st quarter payment | | |
| 2nd quarter payment | | |
| 3rd quarter payment | | |
| 4th quarter payment | | |

| State estimated payments | Date Paid | Amount Paid |
|---|---|---|
| Applied from 2025 state refund | | |
| 1st quarter payment | | |
| 2nd quarter payment | | |
| 3rd quarter payment | | |
| 4th quarter payment | | |
| State Name | | |

| Local estimated payments | Date Paid | Amount Paid |
|---|---|---|
| Applied from 2025 local refund | | |
| 1st quarter payment | | |
| 2nd quarter payment | | |
| 3rd quarter payment | | |
| 4th quarter payment | | |
| Locality Name | | |