2026 Tax Organizer

Individual Income Tax Preparation Checklist

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CERTIFIED PUBLIC ACCOUNTANTS

This organizer is designed to help you gather and provide all the necessary information for preparing your 2026 individual income tax return. Please review your 2025 tax return and use this checklist to update your details, report any changes, and ensure a smooth filing process. Complete each section as accurately as possible.

Please furnish us with any notices, penalties or correspondence from the IRS or state tax authorities.

Personal Information

- Full Name: _____
- Current Address: _____
- County:_____ School District:_____
- Phone Number(s): _____
- Taxpayer Email Address: _____
- Spouse Email Address: _____
- Did you receive an Identity Protection PIN (IP PIN) from the IRS or have you been a victim of identity theft? If yes, attach the IRS notice for filing returns in 2027. **(Note that a new PIN is required to file every year so please provide the updated PIN for returns filed in 2027).**
- Has your marital status changed in 2026?

  ☐ No change ☐ Married ☐ Divorced ☐ Widowed

Bank Information

If direct deposit information is not provided (or updated, if changed), refunds will be significantly delayed. Provide the account you would like a refund deposited to:

Account Type: ☐ Checking ☐ Savings

Bank Name: _____

Routing #: _____` Account #: _____

Would you like to use this account to have your taxes electronically withdrawn from?

Tax Payments: ☐ Yes ☐ No Tax Estimates: ☐ Yes ☐ No

Tax Return Delivery Preference

How would you like to receive your completed tax return?

☐ Electronically (sent via SafeSend) – sign electronically, nothing to return to us
☐ Paper copy (via mail or in person) – sign e-file form that must be returned to our office

If electronically, please provide email address(es) above in the Personal Information section.

Estimated Tax Payments Paid for 2026 Income Taxes

(Please provide actual amounts and dates paid if you made estimated tax payments)

Federal Estimated Tax Payments			**State Estimated Tax Payments**		
Due Date	**Actual Date Paid**	**Amount**	**Due Date**	**Actual Date Paid**	**Amount**
4/15/26	__/__/__	$_____	4/30/26	__/__/__	$_____
6/15/26	__/__/__	$_____	6/30/26	__/__/__	$_____
9/15/26	__/__/__	$_____	9/30/26	__/__/__	$_____
1/15/27	__/__/__	$_____	2/01/27	__/__/__	$_____

Dependent Information

Please enter new dependent additions below:

Full Name	Social Security #	Date of Birth	Son/Daughter
_____	_____	_____	_____
_____	_____	_____	_____

Reminder that children born in 2025-2028 are eligible for the $1,000 federal contribution to the new Trump savings accounts.

If any dependent above was adopted, please provide a list of qualified adoption expenses (adoption fees, court costs and legal fees, adoption-related travel, etc.) Do not include fees to adopt a step-child.

Did any dependents receive an Identity Protection PIN (IP PIN) from the IRS or have they been a victim of identity theft? *If yes, attach the IRS notice for filing returns in 2027.* **(Note that a new PIN is required to file every year so please provide the updated PIN for returns filed in 2027).**

Please list any dependents you will no longer be claiming in 2026 - child got married, turned 19 and is no longer a full-time student, turned 24 even if still a full-time student unless totally disabled, provided more than half of their own support and claimed themselves on their own return:

_____

If you are divorced or separated with child(ren), do you have a divorce decree or other form of separation agreement which establishes custodial responsibilities? *If yes, please provide a copy.*

Did you have any qualifying relative *(lineal ancestor or descendent, sibling, niece, nephew, aunt, uncle, in-law or housemate)* ***for which you provide more than half of their support and whose gross income was less than $5,300?*** *If so, you may be able to claim that person as a non-child dependent.*

Full Name	Social Security #	Date of Birth	Relationship
_____	_____	_____	_____

Child Care

Did you pay for child care while you worked or looked for work? *If yes, please provide a receipt from the person or organization who provided the care. If no receipt, please provide the information here:*

- Provider Name: _____
- Address: _____
- Federal EIN or SSN of provider: _____ Amount paid $ _____
- Names of children in child care: _____

Education Information

☐ Did you have education expenses during the year for yourself, your spouse or a dependent? ***1098-T***
☐ Did you have any textbook expenses that weren't paid directly to the college?
(must be for first four years of undergraduate school) Textbook expense $_____
☐ Did you make any withdrawals from an education savings/529 plan? ***1099-Q***
☐ Did you pay any student loan interest this year? ***1098-E***
☐ Did you cash any Series EE or I US Savings bonds to pay for college? ***1099-INT***
☐ Did you make any contributions to College Savings Iowa (or other 529 Plan)?
Please provide statement or letter from plan
☐ Did you have any qualifying tuition & textbook expenses for your K-12 student? (IA only) $_____
☐ Did you have any qualifying education expense for your K-12 student? (MN only)
Please provide each child's grade and qualifying expenses

Income Information

☐ Did you earn wages, salaries or tips? ***W-2***
☐ Did you work any overtime hours that are included in your W-2 wages?
☐ Did you receive any interest and/or dividends? ***1099-INT*** *and/or* ***1099-DIV***
☐ Did you receive a refund of state taxes? ***1099-G***
☐ Did you receive alimony from a divorce agreement executed before 2019? $_____
☐ Did you have an interest in a partnership or S corporation? ***K-1***
☐ Were you a beneficiary of an estate or trust? ***K-1***
☐ Did you receive any unemployment benefits during the year? ***1099-G***
☐ Did you receive any awards, prizes, gambling or lottery winnings? ***W-2G***
If yes, please provide your total gambling losses/expenses on the Itemized Deductions page
☐ Did you receive any other miscellaneous income? ***1099-MISC*** *or* ***1099-NEC***
(Disability, Directors fees, Non-employee compensation, other)
☐ Did you acquire or dispose of any stocks/investments? ***1099-B***
☐ At any time during 2026, did you receive (as a reward, award or payment) or sell, exchange or otherwise dispose of a digital asset (example - Bitcoin)? ☐ Yes ☐ No ***1099-DA***
☐ Did you sell your personal residence or any other property? ***closing statement*** *and possibly* ***1099-S***

Retirement Information

- ☐ Did you receive any Social Security benefits during the year? ***1099-SSA***
- ☐ Did you make any withdrawals from an IRA, Roth, Keogh, SIMPLE, SEP, 401(k) account? ***1099-R***
- ☐ Did you receive any payments from a pension, profit sharing or annuity account? ***1099-R***
- ☐ Did you make any Qualified Charitable Distributions from your retirement account? ☐ Yes ☐ No
  If yes, please provide the amount distributed directly to charity $_____
- ☐ Did you convert an IRA to a ROTH IRA? ***1099-R***
- ☐ Did you make any contributions to an IRA for tax year 2026:

(Do not include amounts withheld through payroll)	**Traditional**	**Roth**
Taxpayer	$_____	$_____
Spouse	$_____	$_____

Miscellaneous Information

- ☐ Were you a K-12 educator who worked at least 900 hours?
  *Unreimbursed educator expenses (up to $500, per educator) $*_____
- ☐ Were you a volunteer firefighter, EMT or reserve peace officer? ☐ Yes ☐ No
  If yes, please provide a statement from the department to verify months of service.
- ☐ Are you US military on active duty who moved pursuant to a military order? ☐ Yes ☐ No
  If yes, provide transportation and storage expenses, travel and lodging, mileage, and any amount reimbursed for moving expenses.
- ☐ Did you purchase and finance a new, personal-use vehicle under 14,000 pounds? ☐ Yes ☐ No
  If yes, the interest on this loan may qualify for a deduction. Please be prepared to provide additional information – VIN, interest statement from the financing organization, purchase information from the dealership, etc. (Does not apply to business-use or leased vehicles).
- ☐ Did you pay alimony pursuant to a divorce agreement executed before 2019?

  *$*_____ *Name* _____ *SSN* _____

- ☐ Did you have a financial interest in or signature authority over a financial account located in a foreign country? ☐ Yes ☐ No
- ☐ Do you have any foreign financial accounts, assets or own a foreign entity? ☐ Yes ☐ No
- ☐ Did you make gifts of more than $19,000 to any individual this year? ☐ Yes ☐ No
- ☐ Do you expect a large change in income, deductions or withholdings next year? ☐ Yes ☐ No
  If yes, please explain.
- ☐ Did you make gifts to any charitable organizations this year? ☐ Yes ☐ No
  - ☐ *If yes, please fill in the amounts on the itemized deductions page – even taxpayers who don't itemize may be able to claim a separate deduction of up to $1,000 for single or $2,000 for joint filers.*

Business / Rental / Farm Information

☐ Did you start a new business or sell an existing business during the year?
If you started a farming business, please contact our office to obtain the Farm Tax Worksheet for providing farm information).

☐ Did you purchase any business or rental property during the year?
If yes, please provide the asset description, purchase price, invoice/receipt and date of purchase.

☐ Please provide additional business/rental income & expense information on a separate sheet.
(Farmers—please use the Farm Tax Worksheet for providing income and expense information).

☐ Did you receive tip income as part of your Schedule C business?
If yes, please provide the amount of tips included in your gross income $_____

☐ Did you make any self-employed Keogh, SEP, SIMPLE plan contributions? $_____

☐ Did you make payments that were subject to the 1099 filing requirements (paid for services, rent, medical/veterinary services or interest of $2,000 or more in the course of your business)?
Let our office know if you would like us to prepare these forms for you.

☐ If you utilized an area of your home for business purposes, please complete the following:

BUSINESS USE OF HOME

*Self-employed individuals who deduct expenses for the business use of their home will need to determine the area used **exclusively** for business and the total area of the home to properly complete information on the tax return:*

Square footage used exclusively for business: _____ Total square footage of home: _____

Please provide total expenses for home:

Insurance $ _____ Repairs $ _____ Utilities $ _____

Iowa Farm Lease

☐ Are you the owner in a Farm Lease (Cash lease, Crop share lease or Livestock share lease)?

☐ Yes ☐ No *If yes, please answer the following questions:*

☐ Do you have a written farm lease agreement with your farm tenant? ☐ Yes ☐ No

☐ Are you a retired farmer who materially participated on the farm for at least 10 years? ☐ Yes ☐ No

☐ Are you currently claiming the Beginning Farmer Tax Credit on your farm lease? ☐ Yes ☐ No
If yes, please provide us the tax certificate from the Iowa Finance Authority

Health Care Information

☐ Did you have health insurance through the Marketplace - healthcare.gov? ***1095-A***
If yes, we must have form 1095-A in order to file your tax return

☐ Did you make any contributions to a Health Savings Account (HSA) or Archer MSA? ***5498-SA***

☐ Did you receive any distributions from a Health Savings Account (HSA) or Archer MSA? ***1099-SA***
If yes, were all distributions used to pay for medical expenses? ☐ Yes ☐ No

Itemized Deduction Information

Medical & Dental Expenses

Medical insurance premiums Taxpayer: $_____ Spouse: $_____
Long-term care (nursing home) premiums Taxpayer: $_____ Spouse: $_____
Medicare premiums (from SSA-1099) Taxpayer: $_____ Spouse: $_____
Medical, dental, vision, and prescription drug expenses: $_____
Long-term care (nursing home) expenses: $_____
Medical miles driven 1/1/26 – 6/30/26: _____ @ 20.5¢ = $_____
Medical miles driven 7/1/26 – 12/31/26: _____ @ 23.5¢ = $_____

Do not include amounts paid via pre-tax cafeteria plans, funds from an HSA or reimbursed by insurance.

Taxes You Paid - Will be limited to $40,400 ($20,200 for married filing separately)

Property taxes on personal residence(s): $_____
Non-business vehicle licenses: $_____
Sales tax paid on major purchases (cars, boats, home improvements, etc.): $_____

Interest You Paid – Personal interest is generally not deductible (credit card, personal autos, etc.)

**Only include interest paid on your main home and second home:*
Interest on personal residence* paid to bank ***(Form 1098)***: $_____
Interest on personal residence* paid to bank not on Form 1098 *(provide statement)*: $_____
Interest on personal residence* paid to an individual: $_____
List that person's name, address & SSN below:
_____
Qualified mortgage insurance (PMI): $_____
Investment interest: _____ $_____

Home Equity Line of Credit (HELOC) interest is only deductible if loan proceeds were used to buy, build, or substantially improve your main home or second home.

Gifts to Charity– Deductions are subject to a 0.5% of AGI floor

Cash or check: $_____ *(Contributions > $250 require written receipts)*
Non-cash (property): $_____ *(If > $500, please provide receipts)*
Volunteer miles driven: _____ @ 14¢ = $_____

Casualty and Theft Losses - Must Be the Result of a Federally or State Declared Disaster

Losses (subject to $100 floor and 10% of AGI limits): $_____

Other Itemized Deductions

Gambling losses: $_____ (Only deductible if itemizing)