Tax Organizer

DRAFT - OPENING SECTIONS

Which Tax Year Does This Organizer Cover?

Report information for the prior calendar year, for the tax return filed this year. For example, if the current year is 2027, use 2026 information.

Taxpayer Information

Taxpayer name

Spouse name (if applicable)

Address Changes (Returning Clients Only)

List your new address and any changes since your last return.

Health Insurance Coverage

If you had health insurance through a government Marketplace (Exchange) during the tax year, please provide Form 1095-A. Some households may receive more than one Form 1095-A. If your parent still provides your health insurance and gets it through the Marketplace, you will need a copy of his/her 1095-A. We do not need copies of your 1095-B or 1095-C at this time, though you are welcome to include them in your tax documents anyway.

Dependents

(Only fill in for new dependents or if you did not fill out the dependent section of the New Client Information form.)

Dependent name	Has income?	Date of birth	Relationship	Months in home	SSN

Please provide supporting documents when requested. Do not email Social Security numbers or tax records.

Income Information

Tax Organizer | Attach applicable federal tax forms and supporting statements.

State/Local Tax Refunds

List each state that issued a state or local income tax refund and the amount received. New clients: indicate whether you itemized deductions on the tax return for the year that produced each refund.

State / Payer	Refund Amount	Tax Year of Refund	Itemized? (New Clients)
			☐ Y ☐ N
			☐ Y ☐ N
			☐ Y ☐ N

Wages and Salaries

Attach all Forms W-2. Enter employer names and amounts below if helpful.

Name of Payer	Gross Wages	Social Security Withheld	Medicare Withheld	Federal Income Tax Withheld	State Income Tax Withheld

Income Information

Tax Organizer | Attach applicable federal tax forms and supporting statements.

Interest Income

Attach all Forms 1099-INT and brokerage statements. Include taxable and tax-exempt interest. Clearly label tax-exempt interest (for example, municipal bond interest) in the Payer or Amount entry.

Name and Address of Payer	Amount	Name and Address of Payer	Amount

Seller-Financed Mortgage Interest

If you received interest on a seller-financed mortgage, list the payer and amount received.

Name and Address of Payer	Amount

Income Information

Tax Organizer | Attach applicable federal tax forms and supporting statements.

Dividend Income

Attach all Forms 1099-DIV.

Name of Payer	Amount	Name of Payer	Amount

Capital Gains and Losses

Include cryptocurrency acquired through purchases. Summarize gains and losses shown on Forms 1099-B (for example, "Wells Fargo Short Term Gains") and attach all Forms 1099-B.

Investment / Summary	Date Acquired	Cost or Other Basis	Date Sold	Net Sale Proceeds

Income Information

Tax Organizer | Attach applicable federal tax forms and supporting statements.

Other Gains and Losses

Include details of sales or other dispositions of business, rental, and farm assets.

Investment / Asset	Date Acquired	Cost or Other Basis	Date Sold	Sale Proceeds

Government Payments

Attach all Forms 1099-G. Mark whether each payment relates to unemployment compensation or farming. Check Yes or No in each category.

Name of Payer	Amount	Unemployment (Y/N)	Farm (Y/N)
		☐ Y ☐ N	☐ Y ☐ N
		☐ Y ☐ N	☐ Y ☐ N
		☐ Y ☐ N	☐ Y ☐ N
		☐ Y ☐ N	☐ Y ☐ N

Income Information

Tax Organizer | Attach applicable federal tax forms and supporting statements.

Pensions, IRA Distributions, Annuities, and Rollovers

Attach all Forms 1099-R. Indicate whether the amount was rolled over or relates to a Roth account or conversion. Check Yes or No for each applicable category.

Name of Payer	Amount	Withholding	Rollover (Y/N)	Roth (Y/N)
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N
			☐ Y ☐ N	☐ Y ☐ N

Rents and Royalties

Attach all Forms 1099-MISC reporting amounts in Box 1 (Rents) or Box 2 (Royalties). Attach a summarized statement by property showing income, expenses, and other relevant information. You must retain records supporting reported income and expenses and provide them to ATG upon request.

Name of Payer	Amount	State	Royalty (Y/N)
			☐ Y ☐ N
			☐ Y ☐ N
			☐ Y ☐ N
			☐ Y ☐ N

Income Information

Tax Organizer | Attach applicable federal tax forms and supporting statements.

Self-Employed Income

Use this section only for self-employment income reported on federal tax forms. Attach all Forms 1099-NEC and Forms 1099-MISC with income in Boxes 3–5 that relates to self-employment. Also attach a summary of each business, other business income, and business expenses. You must keep documents supporting all reported income and expenses and provide them upon request.

Business / Payer	Form / Income Source	Amount

Social Security Benefits Received

Attach all Forms SSA-1099 (Social Security Benefit Statements).

Taxpayer / Spouse	Amount	Total Medicare	Withholding

Income Information

Tax Organizer | Attach applicable federal tax forms and supporting statements.

Partnerships, S-Corporations, Estates, and Trusts

Attach all Schedules K-1 received from partnerships, S-corporations, estates, and trusts.

Entity / Payer	Entity Type	Amount (if known)

Other Income

List any other income not reported above. Attach all Forms 1099 and any other tax forms or statements corroborating the income.

Income Source / Name of Payer	Description	Amount

Child and Dependent Care (Daycare)

For each provider, enter their legal name, address, EIN/SSN, and amounts paid for each child. Include employer-provided dependent care benefits shown on your W-2, if applicable.

CARE PROVIDER 1

Provider name

Provider EIN / SSN (or Tax-Exempt)

Provider street address, city, state, ZIP

Children served and amount paid to this provider (separate amount per child):

Child name	Amount paid for this child	Care period / notes

CARE PROVIDER 2

Provider name

Provider EIN / SSN (or Tax-Exempt)

Provider street address, city, state, ZIP

Children served and amount paid to this provider (separate amount per child):

Child name	Amount paid for this child	Care period / notes

Additional daycare providers or household employees?

Download Additional Daycare Providers and Household Employee Wages and Withholding from the ATG website: Client Center > Additional Forms (page to be added).

Adoption Expenses

If you adopted or attempted to adopt a child, enter the information below and attach adoption agreements, agency invoices, receipts, court documents, and employer benefit statements.

CHILD / ADOPTION 1

Child name

SSN / ATIN / ITIN (if assigned)

Date of birth

Adoption finalized date (if applicable)

Domestic / foreign / special needs

Qualified expenses paid during tax year

Qualified expenses paid in prior years

Employer-provided adoption benefits

Other reimbursements / assistance

CHILD / ADOPTION 2

Child name

SSN / ATIN / ITIN (if assigned)

Date of birth

Adoption finalized date (if applicable)

Domestic / foreign / special needs

Qualified expenses paid during tax year

Qualified expenses paid in prior years

Employer-provided adoption benefits

Other reimbursements / assistance

If a state agency determined that a child has special needs, attach the determination.
Also attach details of any Form 8839 previously filed for the adoption.

Higher Education Expenses

Attach all Forms 1098-T and school account statements. Report actual eligible expenses paid during the tax year, and any scholarships, grants, refunds, or tax-free assistance. Amounts on Form 1098-T may differ from amounts actually paid.

STUDENT 1

Student name

College / school name

School EIN (if available)

Tuition and required fees paid

Required books, supplies, course materials

Scholarships / grants / tax-free assistance

Refunds / other education assistance

Academic period / dates

Enrolled at least half-time? (Yes / No)

Degree / credential program? (Yes / No)

STUDENT 2

Student name

College / school name

School EIN (if available)

Tuition and required fees paid

Required books, supplies, course materials

Scholarships / grants / tax-free assistance

Refunds / other education assistance

Academic period / dates

Enrolled at least half-time? (Yes / No)

Degree / credential program? (Yes / No)

Complete student eligibility questions on the following page.

Higher Education - Student Eligibility

Provide these answers for each student listed on the preceding page. ATG will determine the applicable education benefits based on your information and supporting school records.

STUDENT 1

Was the American Opportunity Credit claimed for this student for 4 earlier tax years?

Was the student enrolled at least half-time in a qualifying credential program?

Did the student have a felony drug conviction by the end of the tax year?

Were any expenses paid with tax-free aid or reimbursed by an employer or other source?

Has the student completed the first 4 years of postsecondary education?

STUDENT 2

Was the American Opportunity Credit claimed for this student for 4 earlier tax years?

Was the student enrolled at least half-time in a qualifying credential program?

Did the student have a felony drug conviction by the end of the tax year?

Were any expenses paid with tax-free aid or reimbursed by an employer or other source?

Has the student completed the first 4 years of postsecondary education?

Additional details / explanations

Deductions and Payments

Student Loan Interest Paid

Attach Forms 1098-E or other lender statements. Provide separate amounts for each spouse.

Taxpayer / Spouse	Name of Lender	Interest Paid

Estimated Tax Payments

Enter each federal and state estimated tax payment and the date paid. List the state if applicable.

Quarter / Payment	Federal Amount	Federal Date	State / Amount	State Date

Medical and Dental Deductions

Medical and Dental Deductions

Report out-of-pocket expenses paid during the tax year. Do not include amounts reimbursed by insurance.

Prescription medicines, prescription drugs, insulin, etc.

Do NOT include over-the-counter medicines, even if recommended by a doctor.

Doctors, hospitals, dentists, and eye doctors

Include eligible professional fees and hospital charges.

Long-term care insurance premiums

Provide annual premiums paid; policy details may be requested.

Other health insurance premiums

Do NOT repeat Medicare Part B or D amounts shown on Forms SSA-1099.

Medical appointment mileage

Enter total eligible miles driven.

Medical lodging and travel

Exclude meals. Separate mileage listed above.

Other out-of-pocket medical expenses

Hearing aids, eyeglasses, medical devices, and medically necessary home improvements. Attach a statement describing the improvements and medical necessity.

Deductions and Payments (continued)

Taxes Paid

Enter taxes you personally paid during the tax year. Do not include amounts paid on behalf of a business or rental property already accounted for elsewhere.

Type of Tax Paid	State / Locality	Amount Paid

Interest Paid in Prior Year

List deductible interest paid during the tax year. For mortgage interest paid to financial institutions, attach Forms 1098.

Type of Interest / Payer	Property or Purpose	Amount Paid

If mortgage interest was paid directly to an individual, provide the recipient's name, address, and SSN or EIN on an attached statement.

Business Deductions — Automobile Use

If claiming business vehicle expenses or mileage, complete the separate Automobile Use form available on the ATG website under Client Center > Additional Forms > Business Deductions. The supplement provides space for five vehicles.

Charitable Contributions and Other Deductions

Charitable Contributions

Only contributions to 501(c)(3) or similar organizations recognized by the IRS as eligible charities may be deductible. Donations to individual fundraisers such as GoFundMe are not deductible.

Type of Contribution / Charity	Cash or Noncash	Amount / Value

Keep receipts, acknowledgment letters and other required substantiation, including descriptions and valuations for noncash gifts. Attach separate lists when necessary.

Casualty and Theft Losses

If you suffered a casualty or theft loss during the year, please provide the date, location, description of what occurred, estimated loss, insurance reimbursements, and any supporting documentation. Not all personal losses qualify for a deduction; ATG will determine applicability.

Brief description:

Date / location:

Estimated loss / reimbursement:

Adjustments and Other Tax Information

IRA Deductions

Enter contributions to traditional IRAs. ATG will determine deductibility. Do not include amounts rolled over from another retirement account.

Owner	IRA Custodian / Account	Amount Paid*

* Amount paid or intended to be paid by the applicable tax return filing deadline for the tax year covered by this organizer.

Alimony Paid

Generally applies only to divorce or separation agreements executed by 12/31/2018 that have not been modified to apply the post-2018 tax treatment. Attach the agreement or relevant modification if requested.

Former spouse name:

Former spouse SSN / ITIN:

Date divorce / agreement final:

Alimony amount paid:

Self-Employed Health Insurance (SEHI)

Report premiums paid for the self-employed taxpayer, spouse, and family if not eligible for coverage under another employer-sponsored health plan. Attach all Forms 1095-A and information for the related business.

Taxpayer / Spouse	Business / Activity	Premiums Paid

Scholarships and Grants

Report only scholarships or grants NOT used for qualifying educational expenses toward a degree (for example, amounts used for room and board). Include supporting award and school statements.

Student	Scholarship / Grant Source	Amount Not Used for Qualified Expenses

Tips, Vehicle Interest and Prior Returns

Tips

If you worked in an occupation that customarily receives tips, enter the occupation and related tip information. Include applicable W-2s, Forms 1099, or other tip records.

Taxpayer / Spouse	Occupation	Tips Reported / Received

New Car Interest

Did you pay interest on the purchase of a new vehicle purchased between 1/1/2025 and 12/31/2028?

Interest paid on a qualifying new-vehicle purchase? Y/N

Vehicle identification number (VIN):

Date purchased:

Interest paid during tax year:

* The vehicle must be brand new, not used. It must be a passenger vehicle, assembled in the U.S. and weighing under 14,000 pounds. Excludes family loans and nonpersonal vehicles like campers.

Prior Tax Return

New clients: Please attach your most recent filed federal and state tax returns, if available. Earlier years are not required for this organizer unless ATG specifically requests them.

Attached most recent return? Y/N

Additional Notes

Use this space for information you believe ATG should know. Other requested sections begin with Rental and Royalty Income and Expense, which will be developed separately.