GRAY.CPA, PC
CERTIFIED PUBLIC ACCOUNTANTS

TAX YEAR 2026

INCOME TAX GUIDE AND ORGANIZER

This worksheet will assist you in collecting the necessary information to prepare your tax return accurately. Given the nature of tax laws this year, please include as much of the requested information as possible. This will help optimize your potential tax savings opportunities.

Please include your last year's return (if you are a new client) and all W-2, 1099, and K-1 forms, if any.

Upon completing the Tax Organizer, please read and sign below.

I have gathered and submitted the information contained in this questionnaire and to the best of my knowledge it is true, correct, and complete.

(Please Sign) _____ Date _____

Access Client Portal: https://login.atomanager.com/ATOM_GAC/WebInfo.aspx Website: www.gray.cpa

PERSONAL DATA

TAXPAYER (OR SINGLE)		SPOUSE	
Last Name		Last Name	
First Name & Initial		First Name & Initial	
Occupation		Occupation	
Phone (Home)		Phone (Home)	
Phone (Work or Cell)		Phone (Work or Cell)	
Soc. Sec. # (full)	Date of Birth	Soc. Sec. # (full)	Date of Birth
Email address		Email address	

ID Verification (for anti-fraud, anti-ID theft)			
DL or State ID #		DL or State ID #	
Issue Date	Expiration Date	Issue Date	Expiration Date

Mailing Address		
City	State	Zip

DEPENDENTS				X if post-secondary student; # mos. lived in your home	
NAME (First, Initial & Last)	DOB		Soc. Sec. No.		Relationship

*** Social Security numbers are required for all dependents. ***

One or more of my dependents is/are NOT a U.S. resident or citizen: Yes No

If filing Head of Household and qualifying person is your child but not your dependent above, enter child's/children's name(s) here:

If filing Head of Household and qualifying person is your child but not your dependent above:

1. Did your name, address, or marital status change during the year?	Yes	No
2. Are you being claimed as a dependent on another tax return?	Yes	No
3. Are you (or your spouse) blind or permanently disabled?	Yes	No
4. Did you claim children above that don't live with you?	Yes	No
5. Did you carry forward or incur any adoption expenses during the year?	Yes	No

GENERAL QUESTIONNAIRE

Did you have a financial interest in or authority over a foreign bank account or trust (bank account, securities, trust, fund, etc.)?	Yes	No
Did you own, receive, sell, send, exchange, or otherwise aquire any financial interest in any virtual currency?	Yes	No
Did you use bartering to exchange any goods or services (including with digital/virtual assets)?	Yes	No
Did you purchase health insurance from the HHS Marketplace?	Yes	No
Did you receive any premium health insurance credits during the year?	Yes	No
Did you have any worthless stocks, uncollectible bad debts, or were a victim of a Ponzi scheme?	Yes	No
Did you receive any distribution from an IRA, profit sharing or pension plan?	Yes	No
Have you reached the age of 70½?	Yes	No
If yes, have you begun your mandatory retirement saving withdrawals?	Yes	No
If yes, did you make a direct contribution to a charity from an IRA?	Yes	No
Do you own bonds that qualify for the Gulf, Renewable Energy or Build America bond credits?	Yes	No
Did you or your dependents take a distribution from a Qualified Tuition Program (QTP) or 529 program during the year?	Yes	No
Did you start a new business during the year?	Yes	No

Do you expect to start a new business this coming year?	Yes		No	
Did you pay anyone (over 18) $2,100 or more to work at your home during the calendar year?	Yes		No	
Did you have children under age 19 with investment income (age 24 if dependent student)?	Yes		No	
Did you or your spouse have qualified military combat pay?	Yes		No	
Did you receive any source of income that is not listed in this tax organizer?	Yes		No	
Do you expect any significant changes in income, withholding taxes or your tax liability for the coming year?	Yes		No	
Did you have any foreign income?	Yes		No	
Did you have living expenses in a foreign country as a result of income earned abroad?	Yes		No	
Did you become disabled during the year?	Yes		No	
Were you a handicapped employee?	Yes		No	
Did you have a Medical or Health Savings Account (MSA or HSA)?	Yes		No	
Did you pay long term healthcare insurance premiums or receive benefits during the year?	Yes		No	
Did you receive any insurance or other reimbursement from a prior year casualty, theft loss or medical deduction?	Yes		No	
Did you receive employer-provided educational assistance or transportation benefits?	Yes		No	
Did you make any gifts of over $18,000 to any individual (do not include tuition or medical expenses, or gifts to your spouse)?	Yes		No	
Did you donate a partial interest in any goods to charitable organizations?	Yes		No	
Did you sell your principal home during the year? *Please provide closing statements for **both** the **purchase** and **sale** of this property.*	Yes		No	
Did you purcahse a new home during the year? *Please provide closing statement for purchase.*	Yes		No	
Did you purchase any energy efficient equipment (electric or hybrid vehicle, AC, furnace, etc.)?	Yes		No	
Did you make any major purchases during the year requiring payment of sales tax (including any new vehicle, boat, etc.)?	Yes		No	
Did you revise a prior year divorce decree that includes alimony?	Yes		No	
Were you notified by the IRS or STATE of a change to any prior year tax return?	Yes		No	
If you would like your refund deposited directly into your bank account, please attach a voided check or deposit slip (up to 3 accounts).	Yes		No	
Would you like to purchase savings bonds with your refund, if any?	Yes		No	
Are you a school teacher who paid out of pocket for classroom materials without reimbursement?	Yes		No	
Please provide a list of expenses for potential deduction.				
I need to report business income. *Please ask for and use our Worksheet C.*	Yes		No	
I need to report rental property income. *Please ask for and use our Worksheet E.*	Yes		No	
I need to report farm income. *Please ask for and use our Worksheet F.*	Yes		No	
I have made estimated payments to the IRS (in addition to any withholding from my pay). *Please provide payment **date(s)** and **amount(s)**.*	Yes		No	
I need to file a tax return in another state: *State(s)* _____	Yes		No	
Type of return (personal, franchise tax, other business, other) _____				