Strategic Tax & Accounting, LLC
Form 1040 Individual Income Tax Organizer

We provide this simplified tax information organizer to help you gather and provide us with the information required to complete your tax return.

This information may also be reported and submitted more securely and efficiently electronically in your client portal. We encourage all clients to use the portal for their convenience and data security.

This organizer can also be found in PDF and Excel formats on our website here:
www.strategictaxllc.com/annual-tax-information-organizers

All Clients completing by paper or fillable PDF must complete all highlighted sections.

This organizer should take 5 - 15 minutes for returning clients to complete.

For new clients providing this information for the first time, it may take 15 - 20 minutes to complete.

Having the following information available before you start will decrease the time to complete:

- Your (also your spouse's, if filing jointly) current drivers license, social security number and contact information
- All Dependent social security numbers and dates of birth
- Bank Account information for Direct Deposit of Refunds or ACH Draft of Taxes Due (if authorized)
- Bank or Credit/Debit Card information for Payment of Preparation Fees
- IRS Identity Protection PIN (only for those who are required to provide a PIN to efile)
- Itemized & Other Deduction dollar numbers (See Page 3 - Charity, Real Estate Tax, Fire/Library Dues, New Vehicle Interest)

You will need the following DOCUMENTS to Submit with this Organizer:

- All Tax Forms to Attach (W-2, 1099, 1098, 1095, K-1)
- Summaries, Financial Statements, or Organizers for any Business (Sch C), Rental Property (Sch E) or Farm (Sch F)
- Summaries, Financial Statements, or Organizers for any activity we will file a separate tax return (1065, 1120S, 1120, 990)
- A signed copy of the Tax Return Preparation Engagement Letter you were provided with this organizer

*Organizers for small business Sch C, rental properties Sch E, Farms (Sch F), and business returns 1065, 1120S, 1120, 990 can be requested by mail, email or found on our website at: www.strategictaxllc.com/annual-tax-information-organizers

If a section or line does not apply to you, move on to the next section or line.

If you need further instruction, please see an instructional video here: www.strategictaxllc.com/videos

If you have additional questions or need additional assistance, call or come by the office and we will be happy to help you get your information organized and properly submitted for tax return preparation.
Birmingham: 205-502-2800 Cullman 256-737-0532

Returning clients may request a detailed organizer that lists all the information from the 2024 tax return. We do not send that organizer to everyone because it is very detailed and long and most clients find it overwhelming. However, for those who prefer the prior year detailed organizer, we are happy to provide it upon request.

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2025

Client Name: ______ Cell#: ______

If Married Filing Joint, which spouse is the contact person for tax matters: ______

Mark One of the Following:	**New Client:**	☐	**Returning Client:**	☐
Office or Preparer Location:	**Birmingham:**	☐	**Cullman:**	☐
Requested Tax Preparer:	Andi Kelley	☐	Austin Tankersley, EA	☐
	*Brett Sheedy, CPA	☐	*Brett Sheedy, CPA	☐
	Cathy Vance, CPA	☐	Tammy West, EA	☐
	Scott Rutherford, EA	☐		
	**First Available:	☐	**First Available:	☐

*Tax Return review by Brett Sheedy, CPA, JD, CFP, MBA will have the slowest completion rate and additional hourly fees apply.
** First Available provides the fastest tax return completion. If no preparer chosen, First Available will be assumed.

I would like to schedule a meeting for after April 15 with Brett Sheedy, CPA, Attorney, CFP, to discuss tax planning, retirement planning, education funding, wealth management, or estate planning. ☐

SECTION 1 - DELIVERY OF COMPLETED TAX RETURN

Secure Client Portal:	☐	In-Person Pick-Up at Reception:	☐
Email (Not Secure):	☐	With In-person/Zoom Review with Tax Preparer*:	☐

*In-person/Zoom Review with Preparer by appointment only, additional fees apply.

Returning Clients: ONLY enter remaining information on Page 1 if the information has changed since filing the 2024 return.

If NO Change in contact, spouse, drivers license & dependent information, Initial here and move on to page 2. ______

New Clients: Complete ALL Pages and attach the last tax return you filed if not previously provided to us.

SECTION 2 - IDENTIFICATION INFORMATION

Since 12/31/2024, did you get married ☐, or divorced ☐? Date: ______

Primary Taxpayer:		**Spouse:** Filing Jointly ☐, OR Filing Separately ☐.	
Social Security #:		**Social Security #:**	
First Name:		**First Name:**	
Middle Name:		**Middle Name:**	
Last Name:		**Last Name:**	
Date of Birth:		**Date of Birth:**	
Cell Phone #:		**Cell Phone #:**	
Email Address:		**Email Address:**	
Occupation:		**Occupation:**	
Driver's License:	**State:**	**Driver's License:**	**State:**
Number:		**Number:**	
Issue Date:		**Issue Date:**	
Expiration Date:		**Expiration Date:**	

Mailing Address: Street: ______ Unit: ______
City: ______ State: ______ Zip Code: ______

IRS Identity Protection PIN # (if any)		**IRS Identity Protection PIN # (if any)**	
Full-Time Student? (Y/N):		Full-Time Student? (Y/N):	
Legally Blind? (Y/N):		Legally Blind? (Y/N):	
Dependent of Another (Y/N):		Dependent of Another (Y/N):	
Deceased: ☐ Date of Death:		Deceased: ☐	Date of Death:

In Care of Name: (if above listed person is incompetent or deceased): ______

SECTION 3 - DEPENDENTS (Returning Clients - complete only for new or changed information)

Name of any Dependent claimed on your 2024 tax return that will NOT be claimed as a dependent on your 2025 tax return (claimed by someone else or themself): ______

Claimed Dependents:	**Dependent 1**	**Dependent 2**	**Dependent 3**
First Name:			
Middle Name:			
Last Name:			
Social Security #:			
Relationship:			
Date of Birth:			
Rotates years with other Parent? (Y/N)			
Under 24 & fulltime student? (Y/N)			

Claimed Dependents:	Dependent 1	Dependent 2	Dependent 3
If the Dependent was Under Age 13 at December 31, did you pay after school or daycare expenses?			
Amount Paid ($$):			
Caregiver name:			
Caregiver EIN/SSN:			
Caregiver Street:			
City, State, Zip:			

SECTION 4 - Alimony or Foreign Accounts

Did you have ownership or authority over any Foreign accounts? (Yes/No): ______

If you/your spouse were an educator with unreimbursed classroom expenses, amount spent ($300 or less) $ ______

Pre-2019 Alimony: Date of Divorce: ______

I PAID Alimony: $ ______ **OR** I RECEIVED Alimony: $ ______

If Paid, Ex-Spouse SSN: ______ If paid, Ex-spouse Name: ______

SECTION 5 - ESTIMATED TAX PAYMENTS

(Include only payments you made by direct check or on-line)

(Do not include taxes withheld and paid by your Employer, Social Security, Financial Institution and listed on a W-2 or 1099)

Did you apply a 2024 Refund as an Estimated Payment to 2025?(Yes/No)

Did you make Estimated Tax Payments? (Yes/No)

If Yes, did you make all 4 payments indicated on the Vouchers included with your 2024 Tax Return? (Yes/No):

If you paid estimated taxes, but in amounts different than the vouchers with 2024 return, list by Date and Amount below:

Period:	Date paid:	Amount Paid:	Period:	Date paid:	Amount Paid:
IRS 1st Qtr.		$	State 1st Qtr.		$
IRS 2nd Qtr.		$	State 2nd Qtr.		$
IRS 3rd Qtr.		$	State 3rd Qtr.		$
IRS 4th Qtr.		$	State 4th Qtr.		$
IRS Extension Est:		$	**State Extension Est:**		$

SECTION 6 - INCOME TAX REFUNDS OR PAYMENTS DUE

REFUND Method of Delivery: Direct Deposit*: ☐ **OR** Apply as an Estimate to Next Year: ☐

Note: The IRS will only pay refunds electronically for 2025 tax refunds and going forward. NO Checks will be mailed.

Direct Deposit Bank Account:

Bank Name: ______

Routing Number: ______

Account Number: ______

Checking Account: ☐ Or Savings Account: ☐

TAX OWED Method of Payment: ACH draft**: ☐ **OR** I will pay all taxes due online or by check***: ☐

ACH Draft Account: Same as above Direct Deposit Account: ☐

If Different: Bank Name: ______

Routing Number: ______

Account Number: ______

Checking Account: ☐ Or Savings Account: ☐

***You will be notified of any tax due or refund when the return is complete and have an opportunity to change this account information.**

****Tax will not be drafted unless you provide a signed efile authorization and the return is efiled.**
The draft date for any taxes due on your tax return efiled by the original due date will be April 15, 2026, unless you request an earlier date when providing your efile authorization forms.
For extended tax returns, the draft of any taxes due will be within 48 hours of the tax return being efiled.

*****If you do not provide ACH draft account information, it is your responsibility to make all required payments by mailed check or by online payment with the IRS or state before 4/15/26.**

Note for the Future: The IRS will require all taxes due on 2026 tax returns in 2027 (next year) be paid electronically.

SECTION 7 - Other Deductions & Itemized Deductions

I am not reporting itemized deductions because I know the total is less than the Standard Deduction for Federal & State, or my taxable income is too low for these deductions to lower my tax. Please do not contact me to request these deductions: ☐

OR

I have listed itemized deductions below, contact me if you believe I have failed to list any that may lower my tax: ☐

*If you list itemized deductions, we will tell you when the tax return is completed if you used itemized or standard deductions.

Provide ($) Dollar Totals for each Itemized Deduction

Personal Charitable Contributions:

Monetary Contributions to Churches & Charities:

Total by cash, check or credit card: $

Non-Cash (clothing, furniture, etc.)

Donated Goods Fair Market Value: $

If Non-Cash Donations total is over $500, also provide:

Type of goods:

Donated to:

Date contributed:

Did you contribute to a Conservation Easement?(Y/N)

If Yes, provide all required documentation to us.

New Personal Vehicle Deductible Interest (2025 Purchase):

Interest: $

Vehicle VIN#:

Personal (non-business) Taxes Paid:

Real Estate Tax $

Ad Valorem tax on car tags: $

Fire or Library Dues: $

Personal Home Mortgage Interest Paid:

(List by Company & Attach Form 1098)(No Rental Prop Int here)

Bank or Mortgage Company:

1) $

2) $

Interest with no 1098 issued: $

Lender Name:

Medical and Dental:

Annual Out-of-Pocket Health Insurance Premiums*:

Health Insurance Premiums**:** $

Dental Insurance Premiums: $

Long-term Care Premiums: $

Cancer Insurance Premiums: $

*Do NOT include amounts deducted by employers listed on Forms W-2, or payments for your share of ObamaCare listed on Forms 1095.

** If your were on ObamaCare for any part of the year, Attach form 1095

Failure to attach Form 1095 will delay IRS processing.

Out of pocket expenses and copays:

Doctors: $

Dentists: $

Vision (Glasses, Contacts, Exams, Surgery): $

Prescribed Drugs: $

Medical Equipment: $

(include above wheelchair, cane, oxygen, non-allergenic, etc.)

Cost of Prescribed Therapy: $

(dietary, physical therapy)

\# of Medical Miles: # (x$.21) $

Medical Portion of Assisted Living: $

Other Personal Miscellaneous Deductions:

(Items in this box are ONLY deductible on STATE returns)

Prior Year Tax Preparation Fee: $

Safe Deposit Box Rental: $

Investment Expenses: $

Investment Interest Expense: $

Unreimbursed W-2 Employee or K-1 Partner Expense

***If Self-Employed or Contractor, DO NOT include here - Request Sch C**

Uniforms & Uniform Cleaning Costs: $

Shoes, Boots, Helmets, Safety Glasses: $

Equipment or Tools: $

Business Use of Personal Phone/Internet: $

Travel/Seminars: $

Deductible Meals: $

Other: . $

Employee Miles: # (x$.70) $

Home Office: (Will Use Mortgage Int and Tax from 1098)

Square Ft of Home: #

Square Ft used as office: #

Total Annual Utilities: $

Hazard Insurance: $

Repairs / Other: $

Gambling Income NOT INCLUDED on Forms W2-G: $ **Gambling Losses:** $

SECTION 8 - IRA, HSA or 529 Plan Contributions

Form 5498 (IRA Contributions) #

1)

2)

Form 5498-SA (HSA Contributions)

1)

Form 1099-SA (HSA Distributions)

1)

CONTRIBUTIONS to 529 Qualified Tuition Plan: (Attach Statement From State Plan or other confirmation)

Contribution By (which spouse): For Child (Name): $

Contribution By (which spouse): For Child (Name): $

DISTRIBUTIONS from 529 Qualified Tuition Plan: (Attach **Form 1099-Q or**)

Distribution for (Child Name): Amount Used for Qualified Education Expenses: $

Distribution for (Child Name): Amount Used for Qualified Education Expenses: $

SECTION 9 - Most Common IRS Tax Forms

Attach or Upload in your Secure Portal All Official Tax Forms

Below tell us the number (#) and list sender name of each form type provided OR mark "N/A" by the (#)

Form W-2 (Wages & Salaries): #
1)
2)
3)
4)

Form 1099-R (Retirement)*: #
1)
2)
3)
4)

*Indicate if any portion were Qualified Charitable Distributions

Form 1099: INT - DIV - CAP GAIN #
1)
2)
3)
4)

Form 1099-SSA (Social Security): #

Form 1098-E (Student Loan Interest Paid) #
1)
2)

Form W-2G (Gambling Income) #
1)
2)

Form 1099 - NEC (Non-Employee Comp) #
1)
2)

*See Section 9 below.

Form 1099 - Misc (Rent, Royalty, Other) #
1)
2)

*See Section 9 below.

Form K-1 (Partnership, S Corp, Trust): #
1)
2)
3)
4)

Form 1098-T (College Tuition Paid) #
1)
2)

Form 1099-G (Refunds or Unemployment): #
1)
2)

Form 1099-LTC (LT Care Distributions): #
1)
2)

I have Non-Taxable Tip or Overtime Income not listed on a W-2 or 1099 above (Y/N) ____ If Yes, attached documentation.

SECTION 10 - Other Income (1099-Misc, 1099-NEC, Self-Employed (Sch C), Rental (Sch E), Farm (Sch F))

I have income from a 1099-MISC or 1099-NEC, or have other self-employed, rental or farm income reported on Sch C, Sch E or Sch F of my individual tax return, but do not have any related expenses to report for that activity: ☐

OR

I have attached expenses related to Form 1099, self-employed, rental or farm income (by financial statements, Strategic's Sch C, Sch E, or Sch F tax organizers, or informal summary), contact me for any additional information: ☐

During 2025, did you sell Real Estate, Art, Collectibles, Timber, or Other Investments NOT INCLUDED on a tax form above?
(Yes/No): ☐ **If Yes**, attach Closing Statements or other Sales Proceeds and Cost Basis information.

SECTION 11 - PAYMENT OF TAX RETURN PREPARATION FEES

Method of payment of Tax Return Preparation Fees: (Payment method must be provided in advance of preparation)

Cash or Check* ☐ *Only available for in-person pick-up/signature at our offices.

ACH Draft Bank Account: ☐ Same account designated for tax refunds: ☐
OR
Same account designated for ACH draft of tax owed: ☐

Credit/Debit Card: ☐ Card Number: ____ CVV: ____
Expiration: ____ Zip Code: ____

You will be notified of the final tax return preparation fee and be able to change the account from which it is paid if necessary before any fees are charged/drafted. Preparation fees will not be charged until you provide signed e-file authorizations.

Initial One of the Following:

To the Best of My Knowledge all required information is completed or attached. ☐

I understand that if I initial this box, but a tax Form W-2, 1099, 1098, 1095, K-1, or summary of the income and expense for a self-employed business (Sch C), rental property (Sch E) or farm (Sch F), which was required in 2024, and is required for 2025, is missing, additional hourly fees for us to later obtain that information from you will apply.

I am providing partial information with this organizer. I will notify the firm when I have provided all required or requested documents and information. ☐

I understand that my file will not be sent to a tax preparer until I indicate that all required information is provided.

ADDITIONAL INFORMATION & QUESTIONS

Do you have other income, deductions, expenses or credits not included on previous pages?

Do you have questions about this year's tax return or taxes in general?