

TAX Organizer for 2025
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Personal Information Page

For Efile purposes your Name MUST match your Social Security Card!

Taxpayer Information: First Name and Middle Initial _____
Last Name _____
Social Security Number _____
Date of Birth _____ Date of Death _____ (If in 2025)
Occupation _____
Email Address _____

In 2025 were you (*please check if YES*): Retired ☐ Covered by Medical Insurance ☐
Covered by a Pension at work ☐ Turned: 59.5 ☐ 65 ☐ 72 ☐

Spouse Information: First Name and Middle Initial _____
Last Name _____
Social Security Number _____
Date of Birth _____ Date of Death _____ (If in 2025)
Occupation _____
Email Address _____

In 2025 were you (*please check if YES*): Retired ☐ Covered by Medical Insurance ☐
Covered by a Pension at work ☐ Turned: 59.5 ☐ 65 ☐ 72 ☐

Contact Information

Street Address: _____ Apt/Unit # _____

City: _____ State: _____ Zip: _____

Foreign Address: _____

Telephone Number: _____ Alternate Number: _____

Is this information different from last year (*Please check if YES*)? Address? ☐ Phone? ☐

General (Important) Questions:

Please Circle your answer

| | | |
|---|-----|----|
| Were you newly married or divorced in 2025? | Yes | No |
| Do you have new dependents? | Yes | No |
| Did you become Unemployed? | Yes | No |
| Did you start a business? | Yes | No |
| Do you have an interest in a Foreign Financial Account or Cyber Currency? | Yes | No |
| Did you make a gift of more than \$19,000? | Yes | No |
| Did you take money from a retirement account before reaching age 59.5? | Yes | No |
| Did you sell your primary residence? | Yes | No |
| Did you purchase a primary residence? | Yes | No |
| Did you have any debt cancelled? | Yes | No |
| Did you have medical insurance through the WA State HealthFinder? | Yes | No |

Other Information Worksheet

IRS allows the option to DIRECT DEPOSIT your refund. If you get a refund and want it deposited directly to your account we need:

Name of the Bank: _____

Bank Routing Number (9 digits) _____

The Account number _____ Checking ____ or Savings ____

You can also have your account charged for an amount due to IRS. Would you want IRS to take the amount owed from your account above? Yes ____ No ____

If you do want them to take the funds out, then we also need to know when to have it taken (no later than the due date of the return). The date must be a normal banking day.

Date to take out the funds _____

| Estimated Tax Payments: | Date Paid | Amount | State ES Amount |
|---|--------------|----------------|-----------------|
| First Quarter (Due Apr 15 th) | _____ | \$ _____ | \$ _____ |
| Second Quarter (Due Jun 15 th) | _____ | \$ _____ | \$ _____ |
| Third Quarter (Due Sept 15 th) | _____ | \$ _____ | \$ _____ |
| Fourth Quarter (Due Jan 15 th of New Year) | _____ | \$ _____ | \$ _____ |
| Any amount applied from prior year tax refund? | IRS \$ _____ | State \$ _____ | |

Other Federal Income Taxes Withheld and the Source:

W-2's and 1099R's we will get so no need to list here.

| | | |
|------------------|----------|--------------|
| Social Security: | \$ _____ | \$ _____ |
| Other: | \$ _____ | Source _____ |
| Other: | \$ _____ | Source _____ |

Are you a qualified educator with classroom expenses? \$ _____

Do you have a Health Savings Account?(please provide the form from your HSA) \$ _____

Did you make a contribution to your Self Employed retirement account? \$ _____

Did you make a contribution to your Traditional IRA? Taxpayer \$ _____ Spouse \$ _____

Did you make a contribution to your ROTH IRA? Taxpayer \$ _____ Spouse \$ _____

Do you have student loan interest? \$ _____

Did you pay spousal maintenance / alimony? *Child support does not qualify* \$ _____

W-2 and Other Income Worksheet #1: *Please bring all of the forms asked for below*

W-2's from Employers: Please provide W-2's

| | Employer Name | Box 1 Amount | Box 2 Amount |
|----|---------------|--------------|--------------|
| 1. | _____ | \$ _____ | \$ _____ |
| 2. | _____ | \$ _____ | \$ _____ |
| 3. | _____ | \$ _____ | \$ _____ |

Interest From: Banks, Credit Unions, Contracts, Etc. Please Provide 1099 Forms

| | Institution Name | Interest Earned |
|----|------------------|-----------------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |

Dividends From: Brokerage Accounts, Stocks, Mutual Funds, Etc. Please Provide 1099 Forms

| | Institution Name | |
|----|------------------|--|
| 1. | _____ | Because dividends can be taxed differently |
| 2. | _____ | based on the type of income, please bring |
| 3. | _____ | the 1099 forms for us to decipher. |

Other Types of Income: Please bring any form that is being reported to IRS

| | | | |
|-------------------------------|----------|------------------------------------|----------|
| Alimony / Spousal Maintenance | \$ _____ | Date of Divorce | _____ |
| Gambling Winnings | \$ _____ | Gambling Losses that can be proven | \$ _____ |
| Unemployment | \$ _____ | | |
| State Income Tax Refund | \$ _____ | | |
| Prizes / Awards | \$ _____ | | |
| Cancelled Debt | \$ _____ | | |

Retirement & Other Income Worksheet #2: *Please bring all of the forms asked for below*

Retirement and Pension Income: Please provide 1099-R's

| Provider Name | Box 1 Amount | Box 2 Amount | Box 4 Amount |
|---------------|--------------|--------------|--------------|
| 1. _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ | \$ _____ |

IRA Distributions: Please provide 1099-R's

| Provider Name | Box 1 Amount | Box 2 Amount | Box 4 Amount |
|---------------|--------------|--------------|--------------|
| 1. _____ | \$ _____ | \$ _____ | \$ _____ |
| 2. _____ | \$ _____ | \$ _____ | \$ _____ |
| 3. _____ | \$ _____ | \$ _____ | \$ _____ |

Social Security Benefits: Please provide SSA form

| | | |
|----------|-----------------------|----------------------------|
| Taxpayer | Box 5 Amount \$ _____ | Medicare Premiums \$ _____ |
| Spouse | Box 5 Amount \$ _____ | Medicare Premiums \$ _____ |

Sales and Redemptions

Stocks, Bonds, Mutual Funds, Other Securities and Property:

These sorts of sales are generally reported on a form known as a **1099-B**, in the case of Real Property it will be a form 1099-S. It will list the date of sale, sale price and various other bits of information that IRS requires. This form usually comes from the institution that is holding your investments. **We need to have that form in order to properly complete your tax return.** In addition to that form we may also need to know when you purchased the item that was sold and how much you paid for it. This is an area that is frequently audited by IRS because taxpayers forget about the sale or think that because it was sold at a loss, they need not report it. We have another worksheet available for you to fill in however you may find it more convenient to just provide the 1099's to us and let us ask for more information if it is needed.

Itemized Deductions *Medical, Taxes & Interest Paid*

Medical and Dental Expenses:

Please note, these expenses generally include; deductibles, co-payments and various other Out-Of-Pocket expenses you paid for you, your spouse and/or your qualifying dependents. The itemizing below for medical is for your benefit in organizing your qualifying expenses. Our categories do not reflect what you will see on the tax return. Do NOT include reimbursed expenses.

Medical Insurance Premiums you (or your spouse) paid \$ _____

Do not include PRETAX premiums. Do NOT include Medicare Premiums.

Dental Insurance \$ _____ Long Term Care Insurance \$ _____

Prescription Drugs \$ _____ Clinic/Lab Tests \$ _____

Hospital \$ _____ Doctors \$ _____

Dental \$ _____ Eyeglasses/Hearing Aids \$ _____

Medical Travel, Lodging \$ _____ Medical Equipment \$ _____

Medical **Mileage** (Include any mileage related to the expenses noted above) _____

Tax Expenses: Please do not include your Estimated Taxes here

Real Estate Tax for your home and Other Real Estate: \$ _____

Do NOT include RE taxes paid for RENTALS or BUSINESS here.

RTA Excise tax on your Car Tabs (not all of us pay this) \$ _____

Personal Property Tax (not all of us pay this) \$ _____

Sales Tax Paid on Vehicles and/or Improvements to your House \$ _____

Other Sales Tax Paid (Please see note below) \$ _____

Note: If you prefer we can use IRS numbers for this deduction. You need to keep your receipts for this deduction if we **don't** use the IRS allowed deduction.

Interest Paid: Please do not include Rental or Business interest paid here.

Please bring your 1098 forms from the lender. Do not include Credit Card, or other "personal" interest paid.

Mortgage Interest Paid on your Primary Residence* \$ _____

Equity/Second Mortgage for Primary Residence \$ _____

Second **Home** Mortgage (This can be a second house, cabin, RV, Boat, Etc.) \$ _____

Only 1 second home can be claimed. It must have Sleeping, Toilet & Cooking facilities.

AUTO Interest paid (must be qualified) \$ _____

Points paid for Primary \$ _____ MPI Paid on Primary \$ _____

Investment Interest Paid \$ _____ Prior Year Amortized Points \$ _____

*If you paid Mortgage Interest to a person(s), you MUST provide their Name, Address and SSN.

Miscellaneous Worksheets #1

Dependent Care Deduction: For Qualifying Children and Other Dependents

If the Care was in your home you may have a household employee. Please let us know if this is the case.

Child/Dependent Care Provider: _____

Address for provider _____

Employer Identification Number (EIN) or Social Security Number _____

Amount Paid for Tax Year \$_____ Which Child/Dependent _____

Child/Dependent Care Provider: _____

Address for provider _____

Employer Identification Number (EIN) or Social Security Number _____

Amount Paid for Tax Year \$_____ Which Child/Dependent _____

Child/Dependent Care Provider: _____

Address for provider _____

Employer Identification Number (EIN) or Social Security Number _____

Amount Paid for Tax Year \$_____ Which Child/Dependent _____

Higher Education Tuition & Expenses: For you or your dependent child

Please provide the 1098-T that the Educational Institute sends to you or your child. POST K-12 Education only.

Generally, qualified education expenses are amounts you paid for tuition and fees required for the student's enrollment or attendance at an eligible educational institution. Required fees include amounts for books, supplies, and equipment used in a course of study if required to be paid to the institution as a condition of enrollment or attendance. It does not matter whether the expenses were paid in cash, by check, by credit card, or with borrowed funds.

Students Name: _____

School Name: _____ Tuition and Qualified Expenses: \$_____

Students Name: _____

School Name: _____ Tuition and Qualified Expenses: \$_____

Rental Worksheet

| | Property A | Property B | Property C |
|---------------------|------------|------------|------------|
| Street Address | | | |
| City, State, Zip | | | |
| Your % of Ownership | | | |
| Any Personal Use? | | | |

| | | | |
|--------------------------|--|--|--|
| Income Received ➡ | | | |
|--------------------------|--|--|--|

| Expenses | | | |
|---------------------------|--|--|--|
| Advertising | | | |
| Cleaning & Maintenance | | | |
| Insurance | | | |
| Legal & Professional Fees | | | |
| Management Fee | | | |
| Mortgage Interest | | | |
| Other Interest | | | |
| Repairs | | | |
| Supplies | | | |
| Taxes | | | |
| Utilities | | | |
| Home Owners Dues | | | |
| License Fee | | | |
| Lawn Care | | | |
| Other | | | |
| Other | | | |
| Other | | | |
| Other | | | |

| Improvements, Equipment and Other Assets | | |
|--|------|------------------------|
| Which Rental & Description of Asset | Cost | Date Placed In Service |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | |
|------------------------|--|--|--|
| Vehicle Mileage | | | |
|------------------------|--|--|--|

Schedule C " Sole Proprietor" Worksheet

Owner _____

Business Name _____

Business Address _____

Principal Business Activity _____

EIN (If Applicable) _____

Did you pay anyone \$600 or more? Yes No

Health Insurance you paid for yourself and/or your family \$ _____

Did you Sell any prior year Assets? Yes No

Total Income (Sales)

Returns and Refunds

Cost of Goods Sold:

Beginning of Year Inventory

Purchases (less items used personally)

Shipping/Freight

Other Costs

End of Year Inventory

Expenses:

Advertising

Commissions

Other Labor

Business Insurance

Mortgage Interest

Other Interest

Legal & Professional Fees

Office Expense

Rent Building

Rent Equipment, Vehicles, Etc.

Repairs & Maintenance

Supplies

Taxes & Licenses

Utilities

Wages

Other

Other

Other

Other

Other

Other

Equipment Purchases (Description)

Cost

Date Placed In Service

Vehicle Worksheet

Vehicle: _____

Beg Mileage

End Mileage

Placed in Service

Total Business Miles

Total Personal Miles