

Hemminger & Associates, Inc.

253.565.8333 Fax 253.565.6128 online at www.EMTAX.com

6915 Lakewood Dr West Suite A3 Tacoma, WA 98467

Tax Year 2025 Organizer

Appointment Date: _____ Time: _____ With: _____	
Have you moved? Yes <input type="checkbox"/> No <input type="checkbox"/>	
New Street: _____	Taxpayer's Date of Birth _____ - -
City, State: _____ Zip _____	Spouse's Date of Birth _____ - -
	If your spouse passed away in 2025 what was the date? _____
Phone # _____	Your filing status for 2025: (Check One)
Alt Phone # _____	Married filing jointly <input type="checkbox"/>
	Single <input type="checkbox"/>
Email Address _____	Head of Household (you must qualify) <input type="checkbox"/>
	Married filing separate <input type="checkbox"/>

We will need the signed form 8879 BEFORE we can EFILE your tax return.

Estimated Tax Payments to IRS		IRA Information	
1st Payment (April)	\$ _____ Date Paid: _____	Did you or will you and /or your spouse make an IRA contribution for 2025? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2nd Payment (June)	\$ _____ Date Paid: _____	Your contribution \$ _____	
3rd Payment (Sept.)	\$ _____ Date Paid: _____	Spouse's contribution \$ _____	
4th Payment (Jan/26)	\$ _____ Date Paid: _____	What Type of IRA? Regular <input type="checkbox"/> Roth <input type="checkbox"/>	

Dependent Information (This must match Social Security Card)

Name (First, MI, Last)	Birthdate	Social Security #	Relationship	Mo. In home	Childcare Costs

Child Care Provider's Information

Providers Name	Address	Provider SS# or EIN	Amount Paid \$

Education Credits and Deductions

Interest that you paid for yourself, spouse or dependent on student loans.

We need to have the 1098-T sent to you or your child before we can calculate the credit.

Tuition and related fees paid for higher (post K-12) education for you, spouse, or dependent.

Qualified tuition and related expenses has been expanded to include expenditures for course materials.

Student name _____ Qualified Expenses \$ _____ Which Year of School? _____

DIRECT DEPOSIT INFORMATION

If you are anticipating a refund and would like to have it deposited directly into your bank account.

If you OWE we can have IRS take the amount out of your bank account. Ask your preparer for more information.

FINANCIAL INSTITUTION ROUTING NUMBER

YOUR BANK ACCOUNT NUMBER

(Check One)

Must be " 9 " numbers

☐ Checking

☐ Savings

The name of your bank: _____

Income For 2025

*If you have any questions as to the taxability of income or rights to income, please ask us.
Generally gifts and insurance proceeds are not taxable but please ask us.*

W-2 Wages

Please provide all W-2's

[illegible]

Interest Income

[illegible]

Pension and IRA Distribution

Please bring in all 1099-R's

Company, Bank, CU	Amount

Dividend Income

Please provide the 1099 forms.

[illegible]

Social Security Benefits

Please bring in the SSA form.

You \$ _____ Spouse \$ _____

Other Income

Unemployment	
Tips	
Prizes/ Awards	
Alimony	
Gambling:	<div> Winnings \$ Losses \$ </div>

Installment Sales

Contract Description	Principal	Interest

SALE OF STOCK, MUTUAL FUNDS, AND /OR PROPERTY

Please Note: It is very important for us to have your COST BASIS and ACQUISITION DATE for all items listed below.
If we have to do research, there will be additional fees. PLEASE BRING IN YOUR 1099 BROKERAGE STATEMENT

[illegible]

Itemized Deductions for 2025

When you are filling out this worksheet, you are also stating for us that you have receipts and proof of payment or donation as evidence of the number listed. You must be able to prove your deduction if asked by us or an auditor.

(Round all figures to the nearest dollar. Do not total any columns.)

MEDICAL EXPENSES

Do NOT include any amounts paid for or reimbursed by medical insurance or any other type of insurance. Also, do NOT include health insurance premiums paid with pre-tax income.

Hospitalization & Health Insurance Premiums	
Long Term Care Insurance Premiums	
Dental Insurance	
Prescribed Drugs & Insulin	
Doctors & Clinics	
Dentists & Orthodontists	
Glasses, Contact Lenses, Eye examinations	
Hospitals, Nurses, Alcoholism Treatment	
Lab Tests, Therapy, X-Ray, Anesthesiologist	
Prescribed Medical Equipment	
Corrective Devices, Thermometers, Vaporizers	
Hearing Aids & Batteries	
Nursing Home (Medical Care Only)	
Schooling for Handicapped	
Medical Transportation (taxi, ambulance, etc.)	
Lodging while obtaining Medical Treatment	

Medical Miles: _____

OTHER MORTGAGE INTEREST PAID

Payments **you** made to an individual. (List THEIR)

Name: _____

Address: _____

Social Security Number: _____

Mortgage Interest You Paid to Them: _____

CONTRIBUTIONS

Cash, Check, Charge or Payroll Deduction:

Churches or Synagogues _____

Other: United Way, food drives, March of Dimes, etc. _____

This year IRS requires receipts to be kept for all charitable donations. You don't need to bring them in but you do need documentation.

NON-Cash (Clothing, Furniture, Etc.):

FMV of Items Given To Charities. If over \$500 please have documentation.

Goodwill, Salvation Army, ETC. ☐

Charitable / Volunteer Miles:

Please Note:

Beginning in 2025 you MAY be able to deduct Auto loan interest. Of course there are limitations so please ask us for more information or visit our website.

TAXES PAID

Real Estate Taxes	
Other R/E Taxes (2nd home, cabin, etc.) not rentals	
Sales Tax on all purchases (if you kept records)	
Sales Tax on Vehicles	
Sales Tax on Building Material	
RTA Excise Tax on Vehicle License	
Employee Paid L&I, SDI	

Your Notes to us

MORTGAGE INTEREST PAID

	Primary Residence	2nd Home, Cabin, etc.
1st Mortgage Interest - (provide form 1098)		
2nd Mortgage		
Home Equity / Home Improvement Loan		
Loan points		

Rental Property			
	Rental #1	Rental #2	Rental #3
Address of Rental			
Rental Income			
Expenses:			
Advertising			
Auto/Travel			
Cleaning			
Insurance			
Management Fees			
Mortgage Interest			
Repairs			
Supplies			
Property Tax			
Utilities			
Other			

If this isn't enough room, please make your own worksheet.

Rental and/or Business Purchases

Equipment, Improvements, Major Repairs, Etc.

Description	Cost	Date in Service

Vehicle Expense

Vehicle Description	
Total Mileage for Vehicle	
Business (Rental) Mileage	

Self Employment (BUSINESS) Income

Name of your Company: _____		Product or Service _____	
Beginning Inventory \$ _____	Ending Inventory \$ _____	RESALE Goods Purchased \$ _____	

Business Income \$	
Expenses:	
Advertising	
Business Insurance	
Professional Fees	
Rent	
Office Expense	
Miscellaneous	

Repairs	
Supplies	
Commissions	
Licenses	
Travel	
Meals & Entertainment	
Equipment Rental	

Payroll	
Payroll Taxes	
State & Local Taxes	
Telephone / Cell	
Internet Fees	
Interest	
Utilities	

Don't see the right category ?
 Please feel free to use your own worksheet.

Self Employed Health Insurance: \$ _____

Is this your first year in business? Yes No

Please let us know if you have stopped using or sold any business assets this year.

If you purchased a Vehicle for Business purposes and you are claiming actual expenses, please list the following:

Price \$ _____	Date in Service / / _____	Gas & Oil \$ _____	Repairs \$ _____	Insurance \$ _____	License \$ _____
Business Miles for the year _____		Personal Miles for the year _____			

When you are filling out this worksheet, you are also stating for us that you have receipts and proof of payment as evidence of the number listed. You must be able to prove your deduction if asked by us or an auditor.