

# Hemminger & Associates, Inc.

## Income Tax Service

**Please Read!**

Dear Client;

This organizer is for the tax year 2020. Please use it as a guide in gathering together your 2020 tax information. Bring it with you to your interview or include it when you drop off or mail in the information. If you need more room than this organizer offers, feel free to use your own worksheets.

In compiling the information for your 2020 tax preparation, please review your return from 2019. *Please make sure that all of the social security numbers, name spellings, addresses and birthdates are correct.*

With the pandemic, COVID-19, still affecting our daily lives, please know that we are doing what we can to lessen our exposure to the virus. We have implemented safety measures required by State and local regulations. Based on ever changing regulations, we may be limiting access to our office. Please call before visiting us. We plan on offering our normal in office appointments but we will also offer ZOOM based video chats and of course you may also mail in or drop by your information.

### **Extension Information!**

**This year's filing date is April 15<sup>th</sup>. If you need to make an extension to file your return please remember, the extension only gives you extra time to file the return, not to pay any extra tax you may owe. Please do not assume that we will put you or your business on extension. We *NEED* your permission. Contact us at 253-565-8333.**

**Personal extensions are valid through October 15<sup>th</sup> 2021.**

**"S"Corp and Partnership extensions are valid until September 15<sup>th</sup> 2021.**

If you have brokerage accounts, *please bring in your 1099-DIV, 1099-INT and 1099-B forms.* The Internal Revenue Service is very good at matching income reported to them with income you report to us. In the past few years we have seen a dramatic increase in letters from them with income that has slipped through the cracks. Please make sure you report all security sales to Internal Revenue Service. In addition to reporting the sale it is very important to report your purchase price. Please bring with you the cost of the securities you sold as well as the date you bought them.

Being well organized is one way to help keep your fee lower. Bringing your W-2's, 1099's, mortgage interest statements, making sure your expenses are sorted and totaled, these are all time savers for us which ultimately saves you money, not only in your fee but on your tax return. **Please use our tax organizer.**

We would all like to thank you for your trust in our services and for your continued patronage. We hope that this New Year will be good to you and your loved ones.

Yours truly, *Gordon, Cathy, Steve, Jim, Patricia*

**6915 Lakewood Dr. W Ste A3 Tacoma, WA 98467 Phone 253-565-8333**

TAX Organizer for 2020  
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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 2020)  
Occupation \_\_\_\_\_  
Email Address \_\_\_\_\_

In 2020 were you (*please check if YES*): Retired ☐ Covered by Medical Insurance ☐  
Covered by a Pension at work ☐ Legally Blind ☐ 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 2020)  
Occupation \_\_\_\_\_  
Email Address \_\_\_\_\_

In 2020 were you (*please check if YES*): Retired ☐ Covered by Medical Insurance ☐  
Covered by a Pension at work ☐ Legally Blind ☐ Turned: 59.5 ☐ 65 ☐ 72 ☐

## Contact Information

Name(s): \_\_\_\_\_

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

Did you receive the CARES Stimulus Payment?

No

Yes

If YES, how much?

\$ \_\_\_\_\_

Were you married or divorced in 2020?

No

Yes

Do you have new dependents?

No

Yes

Did you become Unemployed?

No

Yes

Did you start a business?

No

Yes

Do you have an interest in a

Foreign Financial Account or Cyber Currency?

No

Yes

Did you make a gift of more than \$15,000?

No

Yes

Did you take money from a retirement account

before reaching age 59.5?

No

Yes

Did you sell your primary residence?

No

Yes

Did you purchase a primary residence?

No

Yes

Did you have any debt cancelled?

No

Yes

Did you buy Health Insurance through HealthFinder?

No

Yes

**Dependent Information:** *Please answer completely for each dependent*

**Legal Name** (First Name, Middle Initial, Last Name)

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Relationship

\_\_\_\_\_

Number of Months they lived in your home

\_\_\_\_\_

Disabled (please circle one)

No                      Yes

Employed

No                      Yes      Amount Earned \_\_\_\_\_

Investment Income more than \$2100

No                      Yes      If yes bring 1099 forms

Child (Dependent) Care Expenses

No                      Yes      See Child Care Worksheet

Adopted in 2020 or 2019

No                      Yes

Was your child enrolled in higher education

No                      Yes      See Tuition Worksheet

Can this dependent be claimed by someone else

No                      Yes

Does this dependent live with someone else

but you are entitled to the exemption

No                      Yes

**Legal Name** (First Name, Middle Initial, Last Name)

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Relationship

\_\_\_\_\_

Number of Months they lived in your home

\_\_\_\_\_

Disabled (please circle one)

No                      Yes

Employed

No                      Yes      Amount Earned \_\_\_\_\_

Investment Income more than \$2100

No                      Yes      If yes bring 1099 forms

Child (Dependent) Care Expenses

No                      Yes      See Child Care Worksheet

Adopted in 2020 or 2019

No                      Yes

Was your child enrolled in higher education

No                      Yes      See Tuition Worksheet

Can this dependent be claimed by someone else

No                      Yes

Does this dependent live with someone else

but you are entitled to the exemption

No                      Yes

***Please use as many of these worksheets as you need!***

## 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 \$ \_\_\_\_\_

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. The total qualifying medical expense needs to exceed 7.5% of your AGI and then only the amount that goes over is used as a deduction.

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) \_\_\_\_\_

We will do the calculation for you.

### 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, Auto 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.

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.

## Itemized Deductions

### *Charitable Contributions and Miscellaneous Deductions*

**Charitable Contributions:** There can be a lot of confusion here. Please read the following for the basics.

**IRS regulations require that you have proof of your contribution to the qualified charitable organization. Please bear in mind that as a preparer we do not need to see the proof. IRS only requires that you have it.**

Cash, Check or Charge – you must have proof that you gave the stated amount. A bank record that shows the name of the qualified organization, the date of the contribution, and the amount of the contribution. Bank records may include: a canceled check, a bank or credit union statement, or a credit card statement. A receipt (or a letter or other written communication) from the qualified organization showing the name of the organization, the date of the contribution, and the amount of the contribution. *The preceding statement is for ALL cash and like cash contributions.*

IF the contribution exceeds \$250 (Cash, Check, Charge or Non-Cash) to 1 organization at 1 time, you must have a receipt from that organization.

For personal and household Non-Cash the items must be in good or better condition. Fair market value will be used unless an appraisal is required (generally over \$5000 deduction). If the total Non-Cash deduction to be claimed exceeds \$500 then an additional form will be filed with your tax return.

Vehicle donations have their own set of rules altogether. In short donations of vehicles will have a form 1098-C issued by the organization receiving the vehicle.

#### **Cash Contributions:**

Church, Synagogue, Mosque	\$ _____	Other _____	\$ _____
Other _____	\$ _____	Other _____	\$ _____

#### **Non-Cash Contributions:**

Goodwill, Salvation Army, Thrift Store, Etc.	Fair Market Value	\$ _____
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Description of goods donated \_\_\_\_\_

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**Miscellaneous expenses are no longer deductible:** These include but are not limited to; Employee Out of Pocket Costs, Union Dues, Professional Fees, Personal Vehicle Mileage, Work Tools, Safety Equipment, Tax Prep Fee, Investment Expenses, Work Related Education, Safe Deposit Box, IRA Fees, Uniform Expense, Work Related Travel, Job Searching Expenses.



# 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 \_\_\_\_\_

## 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.*

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: \$\_\_\_\_\_

## Other Information Worksheet

IRS allows the option to Direct Deposit your refund. If you get a refund would you like to have a Direct Deposit made? YES ☐ NO ☐

Bank Name: \_\_\_\_\_

Bank Routing Number (nine digits): \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking ☐ or Savings ☐

You may also have your Bank Account charged for your amount *due* to IRS. Would you like them to take the amount owed from your bank account? YES ☐ NO ☐

If you would like them to take the money out, fill out the bank information above and tell us what date you would like to have the money taken from your account. The date must be a working day that your bank is open and payment must be made on or before April 15<sup>th</sup>.

Day \_\_\_\_\_

Month \_\_\_\_\_

### Estimated Tax Payments:

**Date Paid      Amount      State ES Amount**

First Quarter (Due Apr 15<sup>th</sup>) \_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Second Quarter (Due Jun 15<sup>th</sup>) \_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Third Quarter (Due Sept 15<sup>th</sup>) \_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Fourth Quarter (Due Jan 15<sup>th</sup> of New Year) \_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Any amount applied from prior year tax refund? IRS \$\_\_\_\_\_ State \$\_\_\_\_\_

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* \$\_\_\_\_\_

# 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 \_\_\_\_\_