

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 15th. 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 15th 2021.

"S"Corp and Partnership extensions are valid until September 15th 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*

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Hemminger & Associates, Inc.

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Tax Year **2020** Organizer

Appointment Date: _____	Time: _____	With: _____	
Have you moved? Yes <input type="checkbox"/> No <input type="checkbox"/>		Taxpayer's Date of Birth _____ - -	
New Street: _____		Spouse's Date of Birth _____ - -	
City, State: _____ Zip _____		If your spouse passed away in 2020 what was the date? _____	
Home Phone # _____		Your filing status for 2020: (Check One)	
Work Phone # _____			Married filing jointly <input type="checkbox"/>
Cell # _____			Single <input type="checkbox"/>
Email Address _____			Head of Household (you must qualify) <input type="checkbox"/>
		Married filing separate <input type="checkbox"/>	

Did you receive the CARES Stimulus Payment? NO _____ YES _____
If YES, please let us know how much you received \$ _____

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 2020? 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/21)	\$ _____	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.

FINANCIAL INSTITUTION ROUTING NUMBER	YOUR BANK ACCOUNT NUMBER	(Check One)
<i>Must be " 9 " numbers</i>		<input type="checkbox"/> Checking
_____	_____	<input type="checkbox"/> Savings

Name of Bank: _____

Itemized Deductions for 2020

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: _____

MISCELLANEOUS

Unreimbursed employment related expenses are no longer deductible.

Investment, Tax Prep and Financial Planning costs are no longer deductible.

Safe Deposit and IRA Fees are no longer deductible.

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	

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 \$ _____
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 Business Miles for the year _____ Personal Miles for the year _____

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