

# Hemminger & Associates, Inc.

## Income Tax Service

**Please Read!**

Dear Client;

This organizer is for the tax year 2021. Please use it as a guide in gathering together your 2021 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 2021 tax preparation, please review your return from 2020. *Please make sure that all of the social security numbers, name spellings, addresses and birthdates are correct.*

**Please find out about your STIMULUS payments as you compile your tax information. We need to know the exact amount of payment you received before we can complete your return. This is the last payment we got in about March of 2021. We also need to know if you received any Advanced Child Credits. You should receive forms from IRS showing the amount of Stimulus money and Advanced Child Credits you received in 2021.**

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. We plan on offering our normal in office appointments 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 17<sup>th</sup> 2022.**

**"S"Corp and Partnership extensions are valid until September 15<sup>th</sup> 2022.**

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*

# Hemminger & Associates, Inc.

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## Tax Year 2021 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 # _____	<b>Your filing status for 2021:</b> (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"/>	

**How much was your Third Stimulus Payment? Provide the form if you have it. \$ \_\_\_\_\_**

**Did you receive Advanced Child Credits? Provide the form if you have it. \$ \_\_\_\_\_**

### Estimated Tax Payments to IRS

1st Payment ( April )	\$ _____	Date Paid: _____
2nd Payment ( June )	\$ _____	Date Paid: _____
3rd Payment ( Sept. )	\$ _____	Date Paid: _____
4th Payment ( Jan/22 )	\$ _____	Date Paid: _____

### IRA Information

Did you or will you and /or your spouse make an IRA contribution for 2021? Yes  No

Your contribution \$ \_\_\_\_\_

Spouse's contribution \$ \_\_\_\_\_

What Type of IRA? Regular  Roth

### 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)

Must be " 9 " numbers

Checking

Savings

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



## Itemized Deductions for 2021

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. \_\_\_\_\_

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	
<b>Sales Tax on all purchases (if you kept records)</b>	
<b>Sales Tax on Vehicles</b>	
<b>Sales Tax on Building Material</b>	
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			
<b>Rental Income</b>			
<b>Expenses:</b>			
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.**