

Hemminger & Associates, Inc.

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Tax Year 2022 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 2022 what was the date? _____	
Phone # _____	Your filing status for 2022: (Check One)	
Alt Phone # _____	Married filing jointly <input type="checkbox"/>	
Email Address _____	Single <input type="checkbox"/>	
	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

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 2022? 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

The name of your bank: _____

Itemized Deductions for 2022

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: _____

Notes:

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

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