Hemminger & Associates, Inc.

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6915 Lakewood Dr West Suite A3 Tacoma, WA 98467

Tax Year **2024** Organizer

Appointment Date: Time: With:

Have you moved? **Yes** ☐ **No** ☐

New Street: ____________________

City, State: ____________________ Zip __________

Phone # ____________________

Alt Phone # ____________________

Email Address ____________________

Taxpayer's Date of Birth ___ - ___ - ___

Spouse's Date of Birth ___ - ___ - ___

If your spouse passed away in 2024 what was the date?_______

Your filing status for 2024: (Check One)

- Married filing jointly ☐
- Single ☐
- Head of Household (you must qualify) ☐
- Married filing separate ☐

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/25)	$	Date Paid: ________

IRA Information

Did you or will you and /or your spouse make an IRA contribution for 2024? 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

Must be " 9 " numbers

____

YOUR BANK ACCOUNT NUMBER

____

(Check One)

☐ Checking

☐ Savings

The name of your bank:

Income For 2024

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

Employer	Earnings

Interest Income

Source	Amount

Pension and IRA Distribution

Please bring in all 1099-R's

Company, Bank, CU	Amount

Dividend Income

Please provide the 1099 forms.

Source	Ordinary Div	Qualified

Social Security Benefits

Please bring in the SSA form.

You $ ____________ Spouse $ ____________

Installment Sales

Contract Description	Principal	Interest

Other Income

Unemployment	
Tips	
Prizes/ Awards	
Alimony	
Gambling: Winnings $	Losses $

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

Description of stock, Mutual Fund, or Property	**Date Bought**	**Date Sold**	**Sale Price**	**Cost**

Itemized Deductions for 2024

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: ________

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		

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:

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		Repairs		Payroll	
Business Insurance		Supplies		Payroll Taxes	
Professional Fees		Commissions		State & Local Taxes	
Rent		Licenses		Telephone / Cell	
Office Expense		Travel		Internet Fees	
Miscellaneous		Meals & Entertainment		Interest	
		Equipment Rental		Utilities	

Don't see the right category? Please feel free to use your own work-

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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