### TAX Organizer for 2022 Hemminger and Associates, Inc. 6915 Lakewood Dr W Ste A3 Tacoma, WA 98467 253-565-8333 Voice/Message 253-565-6128 Fax www.hemtax.com

#### Personal Information Page

For Efile purposes your Name MUST match your Social Security Card!

Taxpayer Information:	First Name a	nd Middle Initial			
	Last Name				
	Social Securi	ty Number			
	Date of Birth		Date of Death		(If in 2022)
	Occupation				
	Email Addre	SS			
In 2022 were you (please ch	eck if YES):	Retired 🗖 Cover	ed by Medical	Insurance	
Covered by a Pension at w	ork 🗖	Turned: 59.5 🗖	65 🗖	72 🗖	
<b>Spouse</b> Information:	First Name a	nd Middle Initial	_		
	Last Name				
	Social Securi	ty Number			
			Date of Death		(If in 2022)
	Occupation				. ,
	Email Addre	SS			
In 2022 were you (please ch	eck if YES):	Retired 🗖 Cover			
Covered by a Pension at w	ork 🗖	Turned: 59.5 🗖	65 🗖	72 🗖	

# **Contact Information**

Street Address:		Apt/Unit #
City:	State:	Zip:
Foreign Address:		
Telephone Number:	Alternate Number:	
Is this information different from last year (Pl	lease check if YES)? Address?	Phone?

# General (Important) Questions:

Please Circle your answer

Were you newly married or divorced in 2022?	Yes	No
Do you have new dependents?	Yes	No
Did you become Unemployed?	Yes	No
Did you start a business?	Yes	No
Do you have an interest in a Foreign Financial Account or Cyber Currency?	Yes	No
Did you make a gift of more than \$16,000?	Yes	No
Did you take money from a retirement account before reaching age 59.5?	Yes	No
Did you sell your primary residence?	Yes	No
Did you purchase a primary residence?	Yes	No
Did you have any debt cancelled?	Yes	No
Did you have medical insurance through the WA State HealthFinder?	Yes	No

# 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 \$2300	No	Yes	If yes bring 1099 forms
Child (Dependent) Care Expenses	No	Yes	See Child Care Worksheet
Adopted in 2021 or 2022	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
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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!

# Miscellaneous Worksheets #1

Dependent Care Deduction: For	Qualifying Children and Other Dependents
If the Care was in your home you ma	ay 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
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. POST K-12 Education only.

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.

### **Other Information Worksheet**

IRS allows the option to DIRECT DEPOSIT your refund. If you get a refund and want it deposited directly to your account we need:

Name of the Bank:				
Bank Routing Number (9 digits)				
The Account number	C	Checking	or Savings	_

You can also have your account charged for an amount due to IRS. Would you want IRS to take the amount owed from you account above? Yes \_\_\_\_ No \_\_\_\_

If you do want them to take the funds out, then we also need to know when to have it taken (no later than the due date of the return). The date must be a normal banking day.

Date to take out the funds \_\_\_\_\_

Estimated Tax Payı	nents:	Date Paid	Amount	State ES A	mount
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 applie	d from prior year tax refund	d? IRS \$_		_ Stat	e \$
Other Federal Incor	ne Taxes Withheld and the	Source:			
W-2's and 1099R's we wi	ll get so no need to list here.				
Social Security:	\$		\$		
Other:	\$		Source		
Other:	\$		Source		
Are you a qualified	educator with classroom e>	kpenses?			\$
Do you have a Heal	th Savings Account?(please	e provide the	form from yo	ur HSA)	\$
Did you make a cor	ntribution to your Self Empl	oyed retirem	ent account?		\$
Did you make a cor	ntribution to your Tradition	al IRA?	Taxpayer \$	Spo	ouse \$
Did you make a cor	ntribution to your ROTH IR	A?	Taxpayer \$	Spo	ouse \$
Do you have studer	nt loan interest?				\$
Did you pay spousa	al maintenance / alimony? (	Child support does	not qualify		\$
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# W-2 and Other Income Worksheet #1: Please bring all of the forms asked for below

W-2's from Employers: <u>Please provide W-2's</u>		
Employer Name	Box 1 Amount	Box 2 Amount
1	\$	\$
2	\$	\$
3.	\$	\$
Interest From: Banks, Credit Unions, Contra	cts, Etc. <u>Please Provide 1099 Forms</u>	
Institution Name	Interest Earned	
1	\$	
2	\$	
3	\$	
<b>Dividends From:</b> Brokerage Accounts, Stock Institution Name	s, Mutual Funds, Etc. <u>Please Provide</u>	e <u>1099 Forms</u>
1	Because dividend	s can be taxed differently
2	based on the type	of income, please bring
3.	the 1099 forms for	r us to decipher.
Other Types of Income: <u>Please bring any form</u>	that is being reported to IRS	
Alimony / Spousal Maintenance \$	Date of Divorce	
Gambling Winnings \$	Gambling Losses that can be pr	oven \$
Unemployment \$		

Cancelled Debt \$\_\_\_\_\_

State Income Tax Refund \$\_\_\_\_\_

Prizes / Awards

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

### 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 <u>when</u> you purchased the item that was sold and <u>how much you paid for it</u>. 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. Do NOT include reimbursed expenses.

Medical Insurance Premiu Do not include PRETAX prem	5 ( 5 <b>1</b>	/ <b>1</b>	
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)

#### Tax Expenses: Please do not include your Estimated Taxes here

Real Estate Tax for your home and Other Real Estate: <i>Do NOT include RE taxes paid for RENTALS or BUSINESS here.</i>	\$
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 deduction if we <b>don't</b> use the IRS allowed deduction.	\$ this

<b>Interest Paid:</b> Please do not include R Please bring your 1098 forms from the lender.		1	rest paid.			
Mortgage Interest Paid on your Primary	v Residence*	\$				
Equity/Second Mortgage for Primary R	esidence	\$				
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.

### **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, Thrif	ft Store, Etc.	Fair Market Value	\$
Description of goods donated			