

Hemminger & Associates, Inc.

Income Tax Service

Please Read!

Dear Client;

We've moved to 6915 Lakewood Dr. W Suite A3 Tacoma, WA 98467

Referrals! We would like you to pass our name to someone you think may benefit from our services.

This organizer is for the tax year 2017. Please use it as a guide in gathering together your 2017 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 2017 tax preparation, please review your return from 2016. *Please make sure that all of the social security numbers, name spellings, addresses and birthdates are correct.*

Extension Information!

This year's filing date is April 17th. 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 565-8333.

Personal extensions are valid through October 15th 2018.

Corporate and Partnership extensions are valid until September 17th 2018.

For those of you that are responsible for a *corporate or partnership* tax return, call our office... due dates have changed!

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.**

The **Affordable Care Act (ACA)** is still in effect for this year. We need to know, were you and your family covered by medical insurance? Please give us copies of the forms that the insurance company or employer sent you to show your health insurance coverage.

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, Michelle

Phone 253-565-8333

Hemminger & Associates, Inc.

253.565.8333 Fax 253.565.6128 online at www.HEMTAX.com

New Address: 6915 Lakewood Dr W Ste A3 Tacoma, WA 98467

Tax Year 2017 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 2017 what was the date? _____
Home Phone # _____		Your filing status for 2017: (Check One) Married filing jointly <input type="checkbox"/> Single <input type="checkbox"/> Head of Household (you must qualify) <input type="checkbox"/> Married filing separate <input type="checkbox"/>
Work Phone # _____		
Cell # _____		
Email Address _____		

This year, the Government is requiring that you Efile. Ask us if you wish to opt out.
Efiling or Opting Out requires signatures.

We will need the signed forms BEFORE we can process your tax return this year.

Estimated Tax Payments to IRS

1st Payment (April)	\$ _____	Date Paid: _____
2nd Payment (June)	\$ _____	Date Paid: _____
3rd Payment (Sept.)	\$ _____	Date Paid: _____
4th Payment (Jan/18)	\$ _____	Date Paid: _____

IRA Information

Did you or will you and /or your spouse make an IRA contribution for 2017? 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

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 _____

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.