

# R&D Financial Services LLC

206.643.3830 online at [www.rndtaxes.com](http://www.rndtaxes.com)

11013 Dean CT SW Lakewood, WA 98498

## Tax Year **2025** Organizer

Appointment Date: _____ Time: _____ With: _____	Taxpayer's Date of Birth _____ - -
Have you moved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Spouse's Date of Birth _____ - -
New Street: _____	If your spouse passed away in 2024 what was the date? _____
City, State: _____ Zip _____	
Phone # _____	<b>Your filing status for 2025:</b> (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 E-FILE 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 2025? 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: \_\_\_\_\_

## Income For 2025

*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

[illegible]

## Interest Income

[illegible]

## Pension and IRA Distribution

Please bring in all 1099-R's

Company, Bank, CU	Amount

## Dividend Income

Please provide the 1099 forms.

[illegible]

## Social Security Benefits

Please bring in the SSA form.

You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

## Other Income

Unemployment	
Tips	
Prizes/ Awards	
Alimony	
<b>Gambling:</b>	Winnings \$                      Losses \$

### Installment Sales

[illegible]

## 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

[illegible]

## Itemized Deductions for 2025

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	

### 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:*

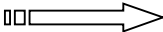
Churches or Synagogues \_\_\_\_\_

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:

Medical Miles: \_\_\_\_\_

### 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		

