R&D Financial Services LLC

206.643.3830 online at www.rndtaxes.com 11013 Dean CT SW Lakewood, WA 98498

Tax Year **2025** Organizer

Appointment Date:	Time:	With:				
Have you moved	d? Yes No	Taxpayer's Date of Birth				
New Street:		Spouse's Date of Birth				
City, State: Zip		If your spouse passed away in 2024	what was the date?			
		Your filing status for 2025:	(Check One)			
Phone #		Married filing jointly				
Alt Phone #		Single				
		Head of Household (you must qualify)				
Email Address		Married filing separate				
We will ne	ed the signed form 8879 BEF	FORE we can E-FILE your tax ret	urn.			
Estimated Tax Payments to IRS		IRA Inf	IRA Information			
		Did you or will you and /or your sp	oouse make an			
1st Payment (April) \$	Date Paid:	_ IRA contribution for 2025?	Yes No No			
2nd Payment (June) \$	Date Paid:	_ Your contribution	\$			
3rd Payment (Sept.) \$	Date Paid:					
4th Payment (Jan/25) \$	Date Paid:		Roth			
		, ,,				
Dep	endent Information (This mi	ust match Social Security Card)				
Name (First, MI, Last)	Birthdate Social Security #	ζ ,	me Childcare Costs			
, , ,						
			•			
	Child Care Provide	er's Information				
Providers Name	Address	Provider SS# or EIN	Amount Paid \$			
	Education Credits a					
, <u> </u>	yourself, spouse or dependent of					
	v v	ır child before we can calculate tl				
Tuition and rela	ted fees paid for higher (post K-	12) education for <i>you, spouse, or dep</i>	<u>endent</u> .			
Qualified tuition as		nded to include expenditures for course r				
Student name	Qualified Expens	ses \$ Which Ye	ear of School?			
_	DIRECT DEPOSIT					
		we it deposited directly into your bank account				
FINANCIAL INSTITUTION ROL	JTING NUMBER YO	UR 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 Wag Please provide al	·	In	terest Income	
Employer		Source	Λ.	nount
Employer	Earnings	Source	Al	<u> </u>
Pension and IRA I	Distribution	Div	 idend Income	
Please bring in all	į	i i	rovide the 1099 forms.	
Company, Bank, CU	Amount	Source	Ordinary Div	Qualified
Social Security	Donofile			
Please bring in the				
		<u> </u>	<u>!</u>	
You \$ Spc	ouse \$	Ins	stallment Sales	
		Contract Description	Principal	Interest
Other Income				
Unemployment				
Tips				
Prizes/ Awards Alimony				
Gambling: Winnings \$	Losses \$			
Cumping. Whitings w	Ευσυσου ψ	L	<u>!</u>	
SA	LE OF STOCK, MUTUA	L FUNDS, AND / OR PROP	ERTY	<u>-</u>

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

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

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 OTHER MORTGAGE INTEREST PAID Payments **you** made to an individual. (List THEIR) Name: Do NOT include any amounts paid for or reimbursed by medical Address: insurance or any other type of insurance. Also, do NOT include Social Security Number: health insurance premiums paid with pre-tax income. Mortgage Interest You Paid to Them: Hospitalization & Health Insurance Premiums **CONTRIBUTIONS** Long Term Care Insurance Premiums Cash, Check, Charge or Payroll Deduction: Dental Insurance Prescribed Drugs & Insulin Churches or Synagogues Other: United Way, food drives, March of Dimes, etc. **Doctors & Clinics** Dentists & Orthodontists This year IRS requires receipts to be kept for all charitable donations. You Glasses, Contact Lenses, Eye examinations don't need to bring them in but you do need documentation. Hospitals, Nurses, Alcoholism Treatment *NON-Cash (Clothing, Furniture, Etc.):* Lab Tests, Therapy, X-Ray, Anesthesiologist FMV of Items Given To Charities. If over \$500 please have documentation. Prescribed Medical Equipment Goodwill, Salvation Army, ETC. Charitable / Volunteer Miles: Corrective Devices, Thermometers, Vaporizers Hearing Aids & Batteries **Notes:** 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 2nd Home, Residence Cabin, etc. 1st Mortgage Interest - (provide form 1098)

2nd Mortgage

Loan points

Home Equity / Home Improvement Loan

			Rental Property			
Address of Rental	Rental #1	Rental #2	Rental #3		enough room, please ur own worksheet.	
Rental Income				Rental ar	nd/or Business Purch	ases
Expenses:				Equipment, 1	Improvements,Major Repa	irs,Etc.
Advertising				Description	Cost	Date in Service
Auto/Travel						
Cleaning						
Insurance						
Management Fees						
Mortgage Interest						
Repairs						
Supplies					Vehicle Expense	2
Property Tax				Vehicle Description		
Utilities				Total Mileage for Vehicle Business (Rental) Mileage		
Other				Dusiliess (Kelitai) Mileage		
		C ICE 1	(DIJOINIEGO) I			_
N. C. C.			yment (BUSINESS) In	come		
Name of your Compan <u>y</u> Beginning Inventory \$		Ending Inventory	Product or Service	RESALE Goods Purchased	ı ¢	
Business Income \$)		P	RESALE GOODS FUICHASED	<u> </u>	
·					11	Don't see the
Expenses:		Repairs		Payrol Payrol		right
Advertising Business Insurance		Supplies Commissions		Payroll Taxe		category
Professional Fees		Licenses		State & Local Taxe Telephone / Cel		Please
Rent		Travel		Internet Fee		feel free to use
Office Expense		Meals & Entertainment		Interes		your your
Miscellaneous		Equipment Rental		Utilitie		own work-
1VIISCEIIGIICO GS		Equipment nemail				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Self Employed Health In	surance: \$	_		Is this your first year in b	ousiness? Yes No	
	Please let	us know if you have sto	opped using or sold a	ny business assets thi	s year.	
If:	you purchased a Ve	hicle for Business purpose	s and you are claiming			
Price \$I	Date in Service / /		Repairs \$	Insurance \$	License \$	
	Business N	Ailes for the year	Personal Mil	es for the year		

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