HAMILTON TAX & BOOKKEEPING SERVICES LLC RUTH HAMILTON / OWNER 864-329-1821 FAX

864-906-8040

www.hamiltontaxbookkeeping.com ruth@hamiltontaxbookkeeping.com

Tax Organizer
For
Year

Taxpayer's Name_____

-		•	,	
Tax	Organizer	tor	(year))

Please complete this organizer and bring it to your tax appointment. Your last year's tax return is an excellent guide for completing this organizer. Make a special note wherever you have additional information not on last year's return.

Personal Information

Taxpayer				
Name				
Social Security Number		_		
Date of Birth				
Occupation				
Spouse				
Name				10.6 (10.00)
Social Security Number		_		
Date of Birth				
Occupation				
Mailing Address				
City		Stat	teZip	
Work Phone		Home Phone	2	
Taxpayer	Spouse		Marital Stat	tus
Yes No	Yes	No	Married	
Blind			Single	
	 		Widow(er)	
Disabled			widow(er)	
Filing Jointly Yes No				
Do you want to contribute \$3	to the Dragidantial	Compoion Eur	nd Yes No	
Do you want to contribute \$5	to the Fresidential C	Janipaign Fui	id Tes No	
Dependent Children (others	<u>s)</u>			
Name	Social Security	Date of	Relationship	Dependent's
	Number	Birth	1	Income
		-		

Please bring the following to your appointment: Last year's tax return, unless we prepared it Copies of all W-2s, 1099s, supporting documents. The mailing label given to you on the IRS tax	ments of income		
Please answer the following questions: Did you receive any notices from the IRS the Do you have a foreign bank account? Did you pay to attend classes beyond high so Did you pay interest on a student loan this policy Did you receive any rental income from production Did you receive any farm income? Do you have self-employment income or extended where there any births, adoptions, or deaths?	chool? past year? perty?	Yes No Ye	
<u>Income</u>			
Wages (attach W-2s)			
Name of Employer Taxpayer Spouse			
Interest Income (attach 1099-INT)			
Payor (bank, etc.)		Amount	
Dividends (attach 1099-Div)			Newsla
Payor (company name)	Ordinary Div.	Capital Gain	Nontaxable
Partnership, S-Corp., and Other Income (att	ach K-1)		
1			

Description	5	Selling Price		Dat	e Purchas	sed	Cost
Investments Sold (stocks, bonds, mutua	l funds,	other)					
Name	C	ost	Da Acqu	- a - 3	Date Sc	old	Selling Price
Individual Retirement Account (IRA)							
Contributions for this past year Taxpayer Spouse		Amou	nt	R	oth		Regular
Withdrawals from IRA (attach 1099-R) Reason for withdrawals:							
Other Pension or Annuity Income (atta	ch 1000	_D)					
Payor	CH 10//		on for	withc	lrawal		
Other Income							
Source State income tax refund			Aı	mount		-	
Commissions Unreported tips Installment sales payments received						_	
Alimony received Scholarships or grants						-	
Unemployment compensation Worker's compensation			×			-	
Disability income Other						-	

Moving Expenses (job related)	
Did you move this past year due to chang	e in job locations?
Yes No	•
Details.	
E	h d)
Employment Related Expenses (not rei	
	pay dues or educational expenses in relation to your
work this past year?	
Yes No	
Details:	
Investment Expenses	
III vectified Dispersion	
Item	Amount
Investment interest paid	
s arminage and grand and a significant control of the control of t	
Safe deposit box rent	
Tax preparation fee	
Other	