

2020

# INCOME TAX ORGANIZER

Osborne and Wyatt, CPA's, PC

4554 S. Harvard Ave., Tulsa, Oklahoma 74135 (918) 627-7232

(New Clients please bring a copy of your prior year return)

## YOUR PERSONAL INFORMATION

Name and address:

**Filing Status:**

- Single
- Married, Filing Jointly
- Married, Filing Separately
- Head of Household
- Widow(er)

Taxpayer: Birth Date	<input type="text"/>	SS#	<input type="text"/>	Home Phone #	<input type="text"/>
Spouse: Birth Date	<input type="text"/>	SS#	<input type="text"/>	Cell or Work #	<input type="text"/>

**DEPENDENTS** - Please list names of all dependents, regardless of age, who received more than half of their support from you. Do not list spouse.

Name of Dependents	Date of Birth	Social Security No.	Months in your home in 2020	Full Time Student? (5 months or more)

**CHILD & DEPENDENT CARE**

Qualifying Person's Name	Provider's Name & Address	Provider's ID #	Amount

**WAGES INCOME** - Please enclose all W-2 Forms provided by your employer(s).

**INTEREST INCOME** - Please include any 1099 Forms you received

Name of Payor	Gross Amount Received

**DIVIDEND INCOME** - Please include any 1099 Forms you received

Name of Payor	Gross Amount Received



<b>DEDUCTIONS - MEDICAL AND DENTAL EXPENSES</b>	Amount
Prescription Drugs and Insulin	
Doctors, Dentists and Hospitals	
Transportation Expense or Vehicle Miles for Medical Purposes	
Health Insurance	
Did your family receive a "Health Insurance Premium Tax Credit" in 2020	
(If yes please provide copy of form 1095-A)	
Other (List below - including hearing aids, dentures, eyeglasses, braces, wheelchairs, etc.)	

<b>DEDUCTIONS - TAXES</b>	Amount
Real Estate Tax	
Personal Property Tax	
Automobile Tags	
Sales or Excise Tax on a New Vehicle	
Other:	

<b>DEDUCTIONS - INTEREST</b>	Amount
1st Home Mortgage Interest paid to Financial Institutions (Form 1098)	
2nd Home Mortgage Interest paid or Line of Credit	
Home Mortgage Interest paid to Individuals (show name and address)	
Home Mortgage Insurance Premiums paid	

<b>DEDUCTIONS - CONTRIBUTIONS</b>	Amount
Cash Contributions -	
Non-Cash Contributions -	

<b>DEDUCTIONS - OTHER</b>	Amount
Alimony Paid (list recipient's name & SSN)	
(For divorce or separation executed prior to 12-31-20)	
Teachers - Classroom Supplies and Expenses	

## BUSINESS OR FARM INCOME AND EXPENSES

INCOME	Amount
Type of Income	

Main Product or Principal Activity:

EXPENSES		Amount	Amount
Advertising		Veterinary Fees, Medicine	
Bad Debts		Legal and Professional Services	
Car and Truck Expenses		Office Expenses	
Commissions		Pension / Profit Sharing Plans	
Depletion		Interest:	
Depreciation (discuss with tax consultant)		Bank Loans	
Employee Benefit Program		Credit Cards	
Insurance		Vehicle Loans	
Chemicals		Other	
Conservation Expenses		Other	
Custom Hire		Rent or Lease:	
Feed Purchased		Machinery & Equipment	
Fertilizers and Lime		Other (Land, Animals, etc.)	
Freight, Trucking		Other Business Property	
Gasoline, Fuel, Oil		Other	
Supplies		Cost of Goods Sold:	
Travel		Inventory (Beginning of Year)	
Entertainment & Meals		Purchases of Goods	
Utilities & Telephone		Inventory (End of Year)	
Wages		Other Expenses:	
Jobs Credit			
Repairs, Maintenance			
Seed, Plants Purchased			
Storage, Warehousing			

### COLLEGE TUITION (enclose a copy of form 1098-T and all additional costs)

Name of Student	Name of School	Classification(Circle)
		Fr-So-Jr-Sr-Other
		Fr-So-Jr-Sr-Other
		Fr-So-Jr-Sr-Other

#### Estimated Taxes Paid

Federal		State	
Date Paid	Amount	Date Paid	Amount

#### IRA/SEP Contributions

Date Paid	Roth or Traditional	Taxpayer Amount	Spouse Amount

#### Other Comments: