2023 **INCOME TAX ORGANIZER**

Osborne and Wyatt, CPA's, PC

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

YOUR PERSON	IAL INFORMA	TION						
Name and address:						Filing Sta Single Married, Fi Married, Fi Head of Ho Widow(er)	ling Jointly ling Separat	ely
					г			
Гахрауег: Birth Date Spouse: Birth Date		SS# SS#		Home Pl Cell or W	· F			
		 						
THINGS TO CO	NSIDER						 	· · · · · · · · · · · · · · · · · · ·
Do you plan or Did you start or Did your name For 2024 going	end a busines or address cha	s?	ting to your IRA	tor 2023	· · · · · · · · · · · · · · · · · · ·			
Estimat	ed Taxes Paid			IR	A/SEP Co	ntributio	ns	
Federal	State			Date	Roth or	Taxpayer	Spouse	
Date Paid Amou	ınt Date Paid	Amount		Paid	Traditional	Amount	Amount	
								
Other Commer	ts:							
Other Commer	ts:							
Other Commer	ts:							
Other Commer	ts:							
Other Commer	ts:							

EPENDENTS - Please list r		egardless of age, who rec	eived more than	half of their	
pport from you. Do not list spouse		Social	Months in you	r Student?	
Name of Dependents	Date of Birth	Security No.	home in 2023		
UILD & DEDENDENT C	ADE				
HILD & DEPENDENT C Qualifying Person's Name	Provider's Na	ma & Address	Provider's	D# Amoun	
Qualifying reisons ivame	1 TOVIGETS IVAN	me & Address	1 TOVIDETS	Amount	
OLLEGE TUITION (enclo	se a copy of form 1098-	T and all additional cos	ts)		
Name of Student	Name of Sc		Classification (Circle)		
				-Sr-Otber	
				-Sr-Other -Sr-Other	
				-Sr-Other	
VAGES INCOME - Please	enclose all W-2 Forms pro	vided by your employer(s,).		
					
NTEREST INCOME - Plea	ase include any 1099 Form	ns you received			
	Name of Payor			Gross Amou Received	
	Traine on ayor				
,					
IVIDEND INCOME - Plea	se include any 1099 Form	s you received			
				Gross Amou	
	Name of Payor			Received	
			<u> </u>		
					

DEDUCTIONS - MEDICAL AND DENTAL EXPENSES	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 2023	
(If yes please provide copy of form 1095-A)	
Other (List below - including hearing aids, dentures, eyeglasses, braces, wheelchairs, etc.)	
DEDUCTIONS - TAXES	Amount
Real Estate Tax	
Personal Property Tax	
Automobile Tags	
Sales or Excise Tax on a New Vehicle	
Other:	
DEDUCTIONS - INTEREST	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	
DEDUCTIONS - CONTRIBUTIONS	Amount
Cash Contributions -	
	<u> </u>
Non-Cash Contributions -	
DEDUCTIONS - OTHER	Amount
Alimony Paid (list recipient's name & SSN)	
(For divorce or separation executed prior to 1-1-19)	

	OTHER INCOME - Please enclose 1099 Forms	ana soneaul	2 N-13 UI	ontor anio	uins Delow.		Amount	
Alimony Received (For divorce or separation executed prior to 12-31-23) Tax Refunds (State and Local) Unemployment Compensation Disability (may qualify for exclusion) Social Security Benefits Lump Sum Distribution from Pension/Profit Sharing Plans Amount of IRA or Pension Rollover Other Other RENTAL AND ROYALTY INCOME AND DEDUCTIONS Property A Property B Property C Type of Property Property Location Royalty Income Auto and Travel Cleaning and Maintenance Commissions Insurance Management & Professional Fees Mortgage Interest Paid Repairs Supplies Taxes Utilities Depreciation (discuss with Tax Consultant) STOCK OR PROPERTY SALES - Please enclose broker statements, Form 1099-B, or Real Estate transaction papers Number Date Amount of Other Expense Deprecia	Commissions and Fees							
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Other	Lump Sum Distribution from Pension/Profit Sharing Plans							
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transaction papers Number Date Amount of Other Expense Deprecia	Doprosiation (discuss with rax consultant)							
Name of Stock or Property Description of Shares Acquired Date Sold Sales Price Basis of Sale or Deple		<i>transaction</i> Number	papers Date		Amount of	Other		Depreciation
	Name of Stock or Property Description	of Shares	Acquired	Date Sold	Sales Price	Rasis	of Sale	or Depletion
								<u> </u>
						<u> </u>		
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BUSINESS	OR FARM	INCOME AND EXPENSES	
NCOME	Amount	Main Product or Principa	
Type of Income	Amount	-	
ype of income			
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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	<u></u>
Custom Hire		Rent or Lease:	
Feed Purchased		Machinery & Equipment	
Fertilizers and Lime		Other (Land, Animals, etc.)	
Freight, Trucking		Other Business Property	11 12
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			
Other Comments:			
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