

2024

# 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

  

SS#

  

Home Phone #

  

Spouse: Birth Date

SS#

Cell or Work #

## THINGS TO CONSIDER

- \* Did you receive Employee Retention Credit?
- \* Did you purchase an electric vehicle?
- \* Did you put any energy efficient upgrades in your home?
- \* Do you plan or need to discuss contributing to your IRA for 2024?
- \* Did you start or end a business?
- \* Did your name or address change?
- \* For 2025 going forward

### 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:

**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 2024	Full Time Student? (5 months or more)

**CHILD & DEPENDENT CARE**

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

**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
		Fr-So-Jr-Sr-Other

**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 2024 (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 1-1-19)	
Teachers - Classroom Supplies and Expenses	



