Debbie R. White CPA, Inc. 1680 SW 86th St. Oklahoma City, OK 73159 (405) 682-1829 (405) 682-1834 FAX

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**SPOUSE** 

Last Name:

First Name:

Occupation:

IMPORTANT
TAX QUESTIONNAIRE
ENCLOSED

**TAXPAYER** 

Last Name:

First Name:

Occupation:

## INCOME TAX GUIDE AND ORGANIZER 2023

## PERSONAL DATA

Name (First, Initial, Last)

**DEPENDENTS** 

Soc. Sec. No.

Relationship

D.O.B.

# Mos. In Home

				1	
Phone (Home):	Phone (Home):				
Phone (Work):	Phone (Work):	C.H	II D AND I	DEPENDENT	CARE
Priorie (Work).		Name/Address of Pro	The second second second second	I.D. Number	Amount Paid
Soc. Sec. Number:	Soc. Sec. Number:				
Date of Birth:	Date of Birth:				
Address:					
City, State, & Zip:					
<del>\$=~1==</del>				TOTAL:	
E-MAIL ADDRE	ESS:	Н	EALTH	INSURAI	NCE
		Did you have health insurance coverage for			
TAVDAVED		the entire year?	YES	NO	N/A
TAXPAYER: SPOUSE:		MUST	PROVIDE	FORMS 1095	(A.B. or C)
01 000L.	DIREC	CT DEPOSIT INFORM	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	the second second second second second	(1,5,010)
Routing Number:	DINE	OT DEL CONTINUON	IATION		
Tooling Humbon					
Account Number:					
	Chec	king or <u>Savings</u> (Circ	le One)		
	(If po	ssible provide copy of	check)		
			Y		

Please visit our website at debbierwhitecpa.com for more detailed worksheets and checklists.

	A STANDARD TO					
				MENT CONTRIBUT		
	Date	Traditional	IRA	SEP/SIMPLE	Roth IRA	Total Value
Single/Taxpayer						
Spouse					2	
	AND DESCRIPTION OF THE PARTY OF		HOLLED	EDUCATION EVEE	NOFO	
		CHARLES AND	HIGHER	EDUCATION EXPE	THE RESIDENCE OF THE PARTY OF T	位于100mm,100mm。
note if not a full time		1st Student		2nd Student	3rd Student	4th Student
Taxpayer/Spouse/De						
First 4 years of educ	ation? Y/N					A 0.1000000
		Amount		Amount	Amount	Amount
Tuition					-	
Fees, Books, Supplie						
Scholarships or Grar  Job Related Ed						
JOD Related Lu	ucation	Miles Driven		Room and Board	Books and Supplies	Seminar Fees
Taxpayer	T	Willes Briveri		Troom and Board	Booke and cappines	331111111111111111111111111111111111111
Spouse						
Ороссо			****Plea	se Provide Form 1098-7	T****	
				OSSES AND DEDUC		
	Robert Hollenin			TAXPAYER (T)	SPOUSE (S)	NOTES
Alimony paid (Reci	pients name.	Soc. Sec. Number, 8	Amount Pai		3. 3332 (3)	
(Divorce prior to 12				/		
Health savings accou		Form 8889)				
		,				
Educator expenses						
	1-10-27					
		5				
	<b>ITOMOTIV</b>	VE WORKSHEE	T (DOES N	IOT APPLY TO W-2 EAF	RNINGS)	
Vehicle	Date Placed	Make	Voor	Model	Cost or Basis	
Information	in Service	Make	Year	Model	Cost or Basis	
iniormation						
Vehicle 1- (T)		121				
					-	
Vehicle -2 (S) Vehicle 3					1	
Mileage	Veh	nicle 1- (T)		Vehicle 2- (S)	Vehicle 3	
Beginning of Yea					100,000	
End of Year						
Total Miles		71,				
Business Miles		- NO POEM POR CONTRACTOR				
Personal Miles						
	1					
Actual Expenses	Veh	icle 1 - (T)		Vehicle 2 - (S)	Vehicle 3	
Gas & Oil						
Washing/Lube						
Repairs/Maint.						
Tires/Accessories	Table 1					
Insurance						
Parking/Tolls						
Licenses			<u></u>			
Lease Payments						
Other	-	Double	in la = ! = !	ding beginning and!		
				ding beginning and ending	-	
NEWS TO BE A SHOWN	odo			auto expense deductions. PENSES ONLY		
le another vehicle	available for n	personal use? Yes		PENSES UNLI	自2000年6月1日 1966年1月1日 1960年1月1日	
T- Toypover		bersonal use: 168	/ INU			

## INCOME

WAGES/SALARIES/W2 FORMS									
T/S			Wages	Fed. W/Held	Soc. Sec.	Medicare	State	Local	
	122			1					
			-	-		- 4			
			-						
	(D)		~£ ALL VA	(Ole eleimed	in Alaka assati		STATE OF THE PARTY		
<b>建筑内侧</b>	(Please pro	vide a copy	Of ALL W	/2's claimed	in this secti	(OII)			
	NITEDEST NICOME		No. of the Land	Control of the last	DIVIDEN	D INCOME	L. H. 175 J. S. L. S		
	INTEREST INCOME			DIVIDEND INCOME					
T/S/J	Name of Payer	Amount	Name of Payer		r	Total Ord. Div.	Qualified Div.	Cap. Gains	
Do you ha	ve an interest in a foreign bank a	accust or tr	<del></del>	YES/NO					
Do you na	ve an interest in a foreign bank a		ust? se provid						
				JITIES/IRA'S	de la la deserva				
T/S/J	Payer	The second second	ross Distribu	TOTAL THE STREET STREET IN THE STREET		Taxable Amount	axable Amount Fed. W/Held		
17575	i ayei		1033 DISTING	don		Taxable Amoun		1 ed. W/I leid	
<b>被继续</b>	(Pleas	e attach AL	L 1099's f	or the above	sections)	是"人"的特色	Constitution of the		
		CAPITAL	GAINS A	ND LOSSES			the volume of		
T/S/J	Description	Date A	cquired	Date Sold	Sales	Sales Price Cos		t or Basis	
	(Diseas include ALL 400	Olo for the	lbovo cor	tion includi	e CALECE	DICE & DAG	101	VIII THE ASSESSMENT	
	(Please include ALL 109	es s for the	above sec	don, includi	16 2747-2 E	RICE & DAS	16)		
Maria Maria	MISCELLANEOUS INCO	ME	A John College		SOCIAL	SECURITY	NCOME		
	Source of Income	Amo	ount	SSA-1099		enefits (box		Medicare	
Alimony (Div	orce prior to 12/31 /18)					(	-/		
Jury Duty (Or	other public service)			Taxpayer					
Tips/Gratuities	(Not reported on W2)								
Contests/Awards (Attach 1099's)			Spouse						
Commissions	Bonuses (Not reported on W2)								
COMMISSIONS	Bondses (Not reported on WZ)			Control of Alley			0.00		
- 1									
Pensions/Annuities (Attach 1099-R)					SALE	OF RESIDE	ENCE		
IRA/Keogh (Attach 1099's)				Date Acquired					
Profit Sharing Distributions (Attach 1099's)				Date Sold					
				Cost or Desi-					
Unemployment Compensation (Attach 1099-G)				Cost or Basis					
Partnerships/Estates/Trusts (Provide K-1's) Small Business Corps/Sub Chapter S (Provide K-1's)				Improvements Expense of Sale					
	(Provide Details)			Selling Price					
Forgiven Debt	<del></del>								
Gambling winnings (Provide W2-G)				Was any part of home rented or used for business?  Yes/No  Was home used as principal residence for 2 years?  Yes/No					
Other (Explain)					CONTRACTOR STATE OF THE PARTY O	ovide closing D	CONTRACTOR OF THE PARTY OF THE PARTY.		
AND DESCRIPTION OF THE PARTY OF	ental, Farm, or Small Busines	s activities	please o	ontact us a				sheet.	

## **DEDUCTIONS**

MEDICAL			CONTRIBUTIONS					
Inc	clude only un-reimbursed n	The latest territories and territories and the latest territories and terri	Recei		hecks are now required to			
	Description	Amount		Description		Amount		
	tists, Hospitals, Etc.		Church/Temple (Name)					
Prescriptions	& Drugs		_	, Etc. (attach list				
Eye Glasses/0	Contacts		_	nited Way, Etc. (	attach list)			
Hearing Aids	& Supplies		Public TV/Rac					
X-Ray/Lab Fe	ay/Lab Fees			. (Name)				
Ambulance/Pa	aramedics		Schools (Nam	e)				
Nurses				Other:				
Medical Aid R			Non-Cash Contributions (Food, Clothing, Etc.)					
Equipment (P			Volunteer Work (Mileage & Parking)					
Nursing Home	e Care		NAME OF THE OWNER.	MIC	TEMZED DEDUCT	ONO TRANSPORTED AND PROPERTY OF		
200				THE RESERVE OF THE PERSON NAMED IN	C. ITEMIZED DEDUCTION	THE RESERVE OF THE PARTY OF THE		
Smoking Ces	sation Program			Descr	Amount			
Other			_		winnings) - See Below			
100000	dical Insurance		Casualty / the	ft losses of incor	ne-producing			
Gro	oup Health Plans		property.					
Pre-Tax	After-Tax		Loss from oth	er activities from	Sch K-1			
	n (Miles or Actual Cost)				n respect of decendent			
Lodging (Wh	ile away from home)		Amortizable b	ond premium				
Other Insura	nce		Misc. other:					
	Care: Taxpayer							
Long Term	Care: Spouse			4920				
	TAXES			Theft Losses				
	Description	Amount	Casualty and theft loss from a federally declared					
Real Estate T	axes (Home)		disaster. Attach Form 4684 line 18.					
Real Estate T	axes (Other)							
	011							
Property Tax								
Personal Prop	perty rax			\$ 4 4 5 D 16 5 E 5 S				
				INCOME	TAXES PAID OR REF	HINDED		
Ctata as Laga	I Income Taxes		Estimated	Taxes Paid	I IAKEO I AID OR KEI			
				Date Paid	Federal	State		
Sales Tax / Other / Excise			1st Qtr.	Date Faid	1 cuciai	Ciaio		
	INTEREST		2nd Qtr.					
Paid to Institution (1098)			3rd Qtr.					
Mortgage	Paid to Ind. (List name, add	ress & Soc Sec helow)	4th Qtr.					
Interest		ess, & soc. sec. below)	401 00.					
Principal Residence			Taxes Paid/Refunded					
	Paid to Institution (1098)		Federal State					
Mortgage	Paid to Ind. (List name, address, & Soc. Sec. below)		Balance paid	on last year's				
Interest			- A	urn				
Second Home		Refunds received from last						
Points paid to acquire new mortgage		_	return					
	Loan Interest			L H				
	ement Loan Interest		S4 20 12 12 12 1	Gam	bling Losses Inform	ation		
Student Loan Interest (Attach 1098-E)		Adequate records must be kept to support gambling winnings and losses.						
Mortgage Insurance Premiums		Maintain a written document of gambling activities noting DATE, LOCATION,						
Investment Interest		WAGER AMOUNT, TYPE OF GAMBLING, AND WINNINGS AND LOSSES.						
		<b>DESIGNATION</b>	<b>建筑是一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大</b>	可是公司管理的				
	6							
		8						