

ANGEL & COOK, LLC
INCOME TAX INFORMATION WORKSHEET
2018

Your Name: _____ SSN: _____ Birth date: _____
 Drivers License #: _____ Issue Date: _____ Expire date: _____

Spouse's Name: _____ SSN: _____ Birth date: _____
 Drivers License #: _____ Issue Date: _____ Expire date: _____

The following section does not need to be completed unless there are additions or changes.

Dependent: _____ SSN: _____ Birth date: _____
 Dependent: _____ SSN: _____ Birth date: _____
 Dependent: _____ SSN: _____ Birth date: _____

Home Address: _____
 City: _____ St: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email Address: _____

WAS EVERYONE ON YOUR RETURN COVERED BY HEALTH INSURANCE THE ENTIRE YEAR? Yes No

IF YOU HAVE INCOME FROM ANY OF THE FOLLOWING, PLEASE FURNISH DETAILED INCOME/EXPENSE AMOUNT:

Wages (W-2s).....	\$	Royalties (1099s).....	\$
Interest/Dividends (1099s).....	\$	Partnership (Sch. K-1).....	\$
Commissions/Fees (1099s).....	\$	Estate/Trust (Sch. K-1).....	\$
Farm Income/Expense (1099s).....	\$	Sub-S Corporation (Sch. K-1).....	\$
Business Income (1099s).....	\$	Alimony Received.....	\$
Sales of Assets/Investments.....	\$	Unemployment.....	\$
Pension/Annuities (1099-R).....	\$	Social Security (1099-SSA).....	\$
Rents (1099s).....	\$	Other(Ex:BitCoin, AirBNB, Turo, Etsy, Ebay, etc).....	\$

IRA/ROTH Contributions (You) \$ _____ (Sp) \$ _____
 Student Loan Interest Paid \$ _____
 Moving Expenses (For moves greater than 50 miles for work) \$ _____

SALES OF ASSETS (Stocks, Bonds, Mutual Funds, Real-Estate):

Description (Item, # of Shares, etc.): _____
 Sale Date: _____ Gross Proceeds: \$ _____ Purch. Date: _____ Cost Basis: \$ _____

Description (Item, # of Shares, etc.): _____
 Sale Date: _____ Gross Proceeds: \$ _____ Purch. Date: _____ Cost Basis: \$ _____

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 Sale Date: _____ Gross Proceeds: \$ _____ Purch. Date: _____ Cost Basis: \$ _____

ITEMIZED DEDUCTIONS:

Medical/Dental: Health Insurance..... \$ _____
 Long-term Care Insurance..... \$ _____
 Prescription Drugs..... \$ _____
 Doctors/Hospitals..... \$ _____
 Nursing Homes..... \$ _____
 Eye Glasses/Dentures/Braces..... \$ _____
 Lodging Expense on Medical Trips..... \$ _____
 Personal Medical Mileage (# of Miles)..... \$ _____

Taxes: Residential Real-Estate..... \$ _____
 Personal Property (Vehicles)..... \$ _____
 Other Taxes..... \$ _____
 Balance Due on State Prior Returns..... \$ _____
 Sales Tax Paid (Vehicle/Boat Purchase)... \$ _____

