

ANGEL & COOK, LLC
INCOME TAX INFORMATION WORKSHEET
2019

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: _____

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: \$ _____
Description (Item, # of Shares, etc.): _____	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.)...	\$ _____

