

ANGEL & COOK, LLC
INCOME TAX INFORMATION WORKSHEET
2020

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*****

INCOME SOURCES (PROVIDE ALL RELATED TAX FORMS):

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

PRE-AGI DEDUCTIONS:

IRA/ROTH Contributions..... (You) \$	Educator Expense.....	\$
(Sp) \$	HSA Contribution.....	\$
Student Loan Interest Paid.....	Alimony & SSN.....	\$
Education	New Charity \$300.....	\$

SALE OF REAL ESTATE:

Description (1099-S): _____
 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).....	\$

ITEMIZED DEDUCTIONS (Continued):

Taxes:	Residential Real-Estate.....	\$	
	Personal Property (Vehicles).....	\$	
	Other Taxes.....	\$	
	Balance Due on State Prior Returns.....	\$	
	Sales Tax Paid (Vehicle/Boat Purchase)...	\$	
Interest:	Home Mortgage Interest (1098).....	\$	
	Mortgage Insurance Premiums (1098).....	\$	
Contributions:	Checks/Cash with Receipts.....	\$	(Please provide receipts)
	Other than Cash.....	\$	(Please provide detail)
	Charitable Auto Mileage (# of Miles).....		

CHILD CARE:

Name of Provider:	_____	SSN:	_____	\$	_____
Address:	_____	City:	_____	ZIP:	_____
Name of Provider:	_____	SSN:	_____	\$	_____
Address:	_____	City:	_____	ZIP:	_____
Name of Provider:	_____	SSN:	_____	\$	_____
Address:	_____	City:	_____	ZIP:	_____

FEDERAL/STATE ESTIMATED TAX PAYMENTS:

#1	Date: _____	Federal: \$	_____	State: \$	_____
#2	Date: _____	Federal: \$	_____	State: \$	_____
#3	Date: _____	Federal: \$	_____	State: \$	_____
#4	Date: _____	Federal: \$	_____	State: \$	_____

EDUCATION CREDITS/DEDUCTION (AMERICAN OPPORTUNITY, LIFETIME LEARNING) (1098-Ts):

Student: _____

College Institution _____

Amounts PAID for Tuition and Fees.....	\$	_____
Amounts PAID for Course Materials.....	\$	_____
Amounts RECEIVED from Scholarships or Grants.....	\$	_____

COMPLIANCE QUESTIONS:

Does T/P have any foreign accounts?.....	_____	Over \$10,000?.....	_____
Is T/P claimed as a dependent on another return?.....	_____	Any household labor earning over \$1000?.....	_____
Did T/P Refinance home in 2020?.....	_____	Any IRS letters rcvd?.....	_____
If yes, need closing statement and use of funds.....	_____	Any State letters recvd?.....	_____

OTHER QUESTIONS/COMMENTS:
