

**ANGEL & COOK, LLC**  
**INCOME TAX INFORMATION WORKSHEET**  
**2021**

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 or you are a new client to our firm.

Dependent 1: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Dependent 2: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Dependent 3: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 Dependent 4: \_\_\_\_\_ SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_

**NEW: Provide IRS Letter 6419, 2021 advance CTC**

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, Uber, 1099-K etc).....	\$
Rents (1099s).....	\$		
3rd Recovery Rebate Credit.....	\$		

**PRE-AGI DEDUCTIONS:**

IRA/ROTH Contributions..... (You)	\$	Educator Expense.....	\$
(Sp)	\$	HSA Contribution.....	\$
Student Loan Interest Paid.....	\$	Alimony & SSN.....	\$
Education .....	\$	Charity up to \$300 (S) \$600 (MFJ).....	\$

**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: \_\_\_\_\_

Dependant 1 Child Care Expense Total: \$ \_\_\_\_\_ Dependant 3 Child Care Expense Total: \$ \_\_\_\_\_  
 Dependant 2 Child Care Expense Total: \$ \_\_\_\_\_ Dependant 4 Child Care Expense Total: \$ \_\_\_\_\_

**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?..... \_\_\_\_\_ Is T/P claimed as a dependent on another return?..... \_\_\_\_\_  
 If yes, over \$10,000?..... \_\_\_\_\_ 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?..... \_\_\_\_\_

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in virtual currency?  yes  no  
 If yes, provide date(s) and price(s) when received/purchased and date(s) and selling price on sell/disposal. (Attach separate sheet.)

**OTHER QUESTIONS/COMMENTS:**

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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