ANGEL & COOK, LLC
INCOME TAX INFORMATION WORKSHEET
2022

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:

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 Refinace home in 2020?.................................		Any IRS letters rcvd?..	
If yes, need closing statement and use of funds….		Any State letters recvd?...	

At any time during 2022, did you receive, sell, exchange, or otherwise dispose of any financial interest in virtural 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: