

**ANGEL ACCOUNTING, LLC**  
**INCOME TAX INFORMATION WORKSHEET**  
**2017**

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

Wife'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, E	\$

IRA/ROTH Contributions            (You) \$ \_\_\_\_\_            (Wife) \$ \_\_\_\_\_  
 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)...	\$ _____

**ITEMIZED DEDUCTIONS (Continued):**

Interest:	Home Mortgage Interest.....	\$	_____		
	Mortgage Insurance Premiums.....	\$	_____		
Contributions:	Checks/Cash with Receipts.....	\$	_____	(Please provide receipts)	
	Other than Cash.....	\$	_____	(Please provide detail)	
	Charitable Auto Mileage (# of Miles).....	\$	_____		
Miscellaneous:	Safety Deposit Box.....	\$	_____	Professional Journals.....	\$ _____
	Union/Professional Dues.....	\$	_____	Job Hunting Costs.....	\$ _____
	Accounting Fees.....	\$	_____	Continued Education.....	\$ _____
	Safety Equipment/Small Tools....	\$	_____	Educator Expenses.....	\$ _____
	Uniforms.....	\$	_____	IRA/Pension Fees.....	\$ _____

Employee Business Expenses: Mileage for Business Purposes (# of Miles Excluding "To-and-From" Work) \_\_\_\_\_

Meals # of Nights Traveling Overnight: \_\_\_\_\_ Total Meal Receipts: \$ \_\_\_\_\_

Lodging # of Nights Traveling Overnight: \_\_\_\_\_ Total Hotel Receipts: \$ \_\_\_\_\_

Reimbursement Received from Employer \$ \_\_\_\_\_

Is Reimbursement Included in W-2 Wages?  Yes  No

**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, TUITION DEDUCTION) (1098-Ts):**

Student: \_\_\_\_\_

College Institution \_\_\_\_\_

Amounts PAID for Tuition and Fees..... \$ \_\_\_\_\_

Amounts PAID for Course Materials..... \$ \_\_\_\_\_

Amounts RECEIVED from Scholarships or Grants..... \$ \_\_\_\_\_

**QUALIFIED ENERGY EFFICIENCY IMPROVEMENTS:**

Insulation Materials.....	\$ _____	Solar Electric Property Costs.....	\$ _____
Exterior Windows.....	\$ _____	Solar Water Heating Property Costs.....	\$ _____
Exterior Doors.....	\$ _____	Small Wind Energy Property Costs.....	\$ _____
Special Roofing Material....	\$ _____	Geothermal Heat Pump Property Costs.....	\$ _____

\*\*All items must be certified to meet or exceed the Energy Star program requirements or other prescriptive criteria.

**OTHER QUESTIONS/COMMENTS:**

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