

Tax Data Questionnaire 2009

The Stewardship Services Foundation (661) 362-2TAX (362-2829)

Check here if this is the first year we have prepared your return.

Name _____ Social Security No. _____ Birth Date _____

Name of Spouse _____ Social Security No. _____ Birth Date _____

Current Address _____

City, State, ZIP _____

Note: If you lived in more than one state, please answer question #14, page 6.

Email Address _____ Do you receive our emails? _____

School District _____ County _____

Home Phone _____ Cell Phone _____

Occupation: Husband _____ Wife _____

Name of Employer _____ Phone _____

Dependents (Do not include yourself or your spouse; list only those you wish to claim.)

Name	SSN (required)	Birth Date	Relation- ship	2009 Gross Income	*Full-Time Student
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If college student, please fill in the top of page 7.

Income from Church/Ministry (Non-ministry income, see page 2)

- Salary not including housing allowance
(should equal W-2, block 1) \$ _____
- Unused housing allowance (not included in W-2, block 1) \$ _____
- Amount of used housing allowance that you actually spent
from your salary and not included in your W-2, block 1
(cannot be more than your approved housing allowance) \$ _____
- The total of items 1, 2 and 3 should equal the total cash
salary received from church for the year. \$ _____
- The total of items 2 and 3 should equal the amount
of the approved housing allowance for the year. \$ _____

Church-Owned Parsonage (if applicable)

List the annual Fair Market Rental Value (FMRV) of the parsonage including any utilities paid by the church. Pro-rate if occupied only part of the year. \$ _____

PULL OUT THIS GREEN SECTION FOR TAX PREPARATION

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

The Stewardship Services Foundation, 21726 Placerita Canyon Road, Santa Clarita, CA 91321

Other Income (not listed on page 1)

Your income (include W-2s) \$ _____
 Spouse income (include W-2s) \$ _____
 Social Security Retirement Benefits \$ _____
 Did you receive \$250 stimulus? _____
 Spouse Social Security Retirement Benefits \$ _____
 Did spouse receive \$250 stimulus? _____
 2008 state and city income tax refund received in 2009 \$ _____
 Interest income (if over \$1,500, itemize below) \$ _____

Source of Interest Income	Amount

Note: If the above income is from a seller-financed mortgage, include the Social Security number and address of the buyer.

Dividend income. **Enclose all 1099 DIV statements.** It is important to send your statements for accurate reporting purposes.

Did you incur miscellaneous business income and **related** expenses for 2009? Do not include amounts on W-2s or expenses listed on pp. 3-4 that relate to your church income. List income by source and include any 1099-MISC income.

Schedule C

Income	Amount	Husband or Wife?	Expenses *	Amount	Husband or Wife?
Honorariums		H <input type="checkbox"/> W <input type="checkbox"/>	Motels & Lodging		H <input type="checkbox"/> W <input type="checkbox"/>
Commissions		H <input type="checkbox"/> W <input type="checkbox"/>	Office Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Babysitting		H <input type="checkbox"/> W <input type="checkbox"/>	Supplies		H <input type="checkbox"/> W <input type="checkbox"/>
Odd Jobs		H <input type="checkbox"/> W <input type="checkbox"/>	Business Telephone		H <input type="checkbox"/> W <input type="checkbox"/>
Services		H <input type="checkbox"/> W <input type="checkbox"/>	Meals & Entertainment		H <input type="checkbox"/> W <input type="checkbox"/>
			Business Mileage (list number of miles)		H <input type="checkbox"/> W <input type="checkbox"/>

* Do not duplicate expenses shown on page 4.

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2009 for which you received a 1099-B? You must include the following information to supplement your 1099-B.

Schedule D

Description	Date Purchased	Basis*

* This is usually the amount of the original purchase or investment. Most of the time your investment company will be able to provide this figure. Because of confidentiality laws, you must call your investment company yourself.

Did you receive a pension, annuity or IRA distribution (include 1099-R)? Yes No

Amount..... \$ _____

Did you use the money for a first-time home purchase, medical bills or college tuition (only applies to IRA)?..... Yes No

Did you roll this into another pension within 60 days? Yes No

Did you convert your IRA to a ROTH in 2009?..... Yes No

IRA Contributions (Amounts deposited for 2009); Not a 403-b

Husband Traditional IRA: \$ _____ Roth IRA: \$ _____

Wife Traditional IRA: \$ _____ Roth IRA: \$ _____

Automobile Ministry Miles (do not include if reimbursed)

Commuter mileage is non-business; churches cannot reimburse commuting.

Total miles driven for 2009 (personal + commute + business)..... _____

Total business miles _____

Was the vehicle used for commuting?..... Yes No

If so, what is the round-trip commute? _____ Total commute miles? _____

Is another vehicle available for personal use? Yes No

Does the church own the vehicle you are driving?..... Yes No

If so, an amount needs to be added to your W-2, block 1. Please refer to our website for details.

You must have adequate records or sufficient written evidence to justify any automobile deduction.

Ministry Expenses (List only unreimbursed expenses related to your W-2 church income. **Do not complete if reimbursed. Do not duplicate expenses on page 2, Schedule C.**)

- Office supplies \$ _____
- Religious materials \$ _____
- Subscriptions and dues \$ _____
- Seminars, conferences, motels and lodging \$ _____
- Educational expenses \$ _____
- Business telephone (long distance only) \$ _____
- Meals and entertainment \$ _____
- Other (explain): _____ \$ _____
- Travel \$ _____

Schedule A: Itemized Deductions

Medical and Dental Expenses (Do not include expenses covered by insurance or HSA.)

- Total medicine, drugs, insurance premiums paid by you, doctors, dentists, hospital bills, hearing aids, eyeglasses, Medicare part B & D, etc. \$ _____
- Medical miles driven _____ miles

Taxes

We need your real estate tax even if you do not itemize.
State and local income taxes—we will calculate for you.

- Sales Tax paid on vehicles \$ _____
New Used Date Purchased _____
- Real estate tax on home or property (not a rental) \$ _____
- Annual automobile registration fee (not sales tax);
list amount deductible, listing each auto separately. \$ _____

Interest Expense (include Form 1098)

- Home mortgage interest (not a rental) \$ _____
- Qualified Mortgage Insurance Premiums \$ _____

Contributions

- Check/cash contributions (include SSF gift) \$ _____
- Charitable miles @ \$.14 per mile \$ _____
- Value of items given away (if over \$500, we will include Form 8283
for you to complete). \$ _____
- Total Contributions.** \$ _____

Miscellaneous Deductions

- Union dues \$ _____
- Required uniforms (not dress clothes) \$ _____
- Safe deposit box \$ _____
- Income tax preparation paid in 2009 (do not include SSF gift) \$ _____

Tax Data Checklist

1. I've included my 2008 Federal and State tax return unless SSF prepared them.
2. I've included all 1098s, 1099s, and W-2s. Keep photocopies for yourself and send us all originals. **Please send at least three (3) of each W-2.**
3. If you bought or sold a home in 2009:
Did you live in the home you sold for at least two of the past five years? Yes No
If no, please include the closing/settlement statement(s) from the purchase and the sale.
Have you owned a home in the previous three years? Yes No
4. Are you exempt from Social Security taxes and have you filed Form 4361?
 Yes No Please send a copy for our files.
5. Are you licensed, commissioned or ordained? Yes No
6. Did you refinance your home? Yes No
If yes, what is the length of the loan in years? _____ Include closing settlement statement.
7. Did you incur moving expenses due to a job change? Yes No
Give details on a separate sheet. Do not include if reimbursed.
8. Did you have rental income and expenses from a house or apartment you rent to someone? Yes No Give details on separate sheet.
9. Amount of out-of-state purchases that you made without paying sales tax \$ _____.
10. Were you living in the U.S. for at least 6 months in 2009? Yes No
If no or you lived outside the U.S., see question 14.
11. Did you make HSA/MSA contributions? If yes, include all HSA/MSA 1099s and amounts contributed below. Employee contributions are amounts contributed from your taxable income. Employer contributions are pre-tax.
Employee _____ Amount _____
Employer _____ Amount _____
Amount of Distribution (include 1099) _____

Please do not send us receipts to support any amounts listed on page 4.

Do not send Federal and State booklets and forms or labels.

Certified or return receipt mail takes longer to reach us. Please allow extra time if you choose to use these options.

When you mail us your return please make sure you account for all your W-2s and 1099s. It is very helpful if you mail everything in one envelope. Refer to our checklist at <http://ssfoundation.net/Tax%20Checklist.htm>.

We mail your return via regular mail. If you would like your return expedited, please include a postage-paid envelope.

12. Childcare expenses while you both worked or looked for work. Persons or organizations providing the care (nursery and kindergarten tuition/fees may qualify for the credit).

Name of Person Providing Care	Address	Social Security Number or EIN	Amount

13. Amount deposited as estimated federal and state tax for 2009. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2008	\$		\$	
1st Quarter April 15	\$		\$	
2nd Quarter June 15	\$		\$	
3rd Quarter September 15	\$		\$	
4th Quarter January 15	\$		\$	
Paid with Extensions	\$		\$	
Total Deposits	\$		\$	

14. **Part-year residents, list all your income, including unused H/A, honorariums, investment income, etc., by state and list exact dates of residency. Foreign missionaries, list dates you were in the U.S.**

Type of Income	State	Dates	Amount
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____
_____	_____	_____ — _____	\$ _____

For Those in Post-Secondary Education (you must determine the amounts)

Did you pay **interest on a student loan** in 2009 that you were legally responsible for? If so, how much? \$ _____

Students qualify for the American Opportunity Credit, Hope Scholarship, Lifetime Learning Tax Credit, or Tuition and Fees Deduction. To qualify, student must attend an institution eligible to participate in a Department of Education student aid program. These credits do not include room and board. **Include 1098-T.**

	Student #1	Student #2	Student #3
Name of Student	_____	_____	_____
Year in College (as of January 1, 2009)	_____	_____	_____
Full-time (yes or no)	_____	_____	_____
Tuition & Class Fees (less grants, scholarships and other tax-free educational assistance)	\$ _____	\$ _____	\$ _____
Cost of Required Materials & Supplies	\$ _____	\$ _____	\$ _____

What is your total anticipated income for 2010?

- Cash salary from church (not including housing allowance) \$ _____
- Cash housing allowance (buying or renting) \$ _____
- Other income (list source) \$ _____
- Spouse income (list source) \$ _____
- Total Income** \$ _____
- Annual church-owned parsonage rental value \$ _____
- Annual parsonage utilities provided and paid by church \$ _____
- How many children will you claim in 2010? _____

Miscellaneous State Questions

Alaska

Alaska Permanent Fund Dividend (include statements) \$ _____

California

Did you pay rent for at least six months in 2009? Yes No

Indiana

If you are a renter, list the dates rented, amounts paid and the name and address of your landlord: _____

CollegeChoice 529 Investment Plan Contributions \$ _____

Illinois & Iowa

If children K–12, amount paid for tuition and textbooks; itemize per dependent (Does not apply to homeschooled in Iowa.) \$ _____

Iowa

Amount paid for Medical Premiums (do not include if your church pays your premiums) \$ _____

Kentucky & Michigan

Amount you paid (not your employer) for medical insurance premiums . . \$ _____

Massachusetts

Rent Paid \$ _____

Health Insurance Coverage Yes No

Michigan

Renters—list amount paid \$ _____

Homeowners—list state equalized value \$ _____

Minnesota

If children K–12, amount eligible for Education Credit; List the type and itemize expenses per dependent (include grade) \$ _____

Montana

Amount you paid (not your employer) for medical insurance premiums . . \$ _____

New Jersey

Number of dependents attending college? _____

If you own your home, you need to fill out Form HR-1040 of your state return.

Ohio & Oregon

Political contribution credit \$ _____

Oklahoma

Oklahoma Bank Interest \$ _____

Wisconsin

Total rent paid in 2009 \$ _____

Is heat included? Yes No