Tax Data Questionnaire 2010

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 (if you do not receive our newsletter) ______________________

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)	Relation-ship	Birth date	2010 Gross Income	*Full-Time Student
________	________	________	________	________	❑ Yes ❑ No
________	________	________	________	________	❑ Yes ❑ No
________	________	________	________	________	❑ Yes ❑ No
________	________	________	________	________	❑ Yes ❑ No

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

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

1. Salary not including housing allowance (should equal W-2, block 1) . . . . $____________
2. Unused housing allowance (not included in W-2, block 1) . . . . $____________
3. 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). . . . . $____________
4. *The total of items 1, 2 and 3 should equal the total cash salary received from church for the year.* . . . . $____________
5. *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

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

Other W-2 Income **(not listed on page 1)**

Your income (include W-2s) . . . . $____________

Spouse income (include W-2s) . . . . $____________

Social Security Retirement Benefits . . . . $____________

Spouse Social Security Retirement Benefits . . . . $____________

2008 state and city income tax refund received in 2010 . . . . $____________

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 2010? 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❑ W❑	Motels & Lodging		H❑ W❑
Commissions		H❑ W❑	Office Supplies		H❑ W❑
Babysitting		H❑ W❑	Supplies		H❑ W❑
Odd Jobs		H❑ W❑	Business Telephone		H❑ W❑
Services		H❑ W❑	Meals & Entertainment		H❑ W❑
Royalties		H❑ W❑	Business Mileage (list number of miles)		H❑ W❑

*** Do not duplicate expenses shown on page 4.**

Please do not submit receipts with the Tax Data Questionnaire.

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2010 for which you received a 1099-B? Include your 1099-B and basis information.

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 2010?. . . . . ❑ Yes ❑ No

IRA Contributions **(Amounts deposited for 2010); 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 2010 (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) . . . . $____________

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—this is a complex form). . . . . $____________

Total Contributions. . . . . $____________

Miscellaneous Deductions

Union dues . . . . $____________

Required uniforms (not dress clothes) . . . . $____________

Safe deposit box . . . . $____________

Income tax preparation paid in 2010 (do not include SSF gift) . . . . $____________

Please do not submit receipts with the Tax Data Questionnaire.

Tax Data Checklist

1. ❑ I've included my 2009 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 2010:
   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.
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 2010? ❑ 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. Regular first class or priority mail is best.

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.

It is important that you wait until you have all your information and mail it in one envelope at the same time.

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 2010. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2009	$		$	
1st Quarter April 15	$		$	
2nd Quarter June15	$		$	
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 and states while you were in the U.S.**

Type of Income	*State*	*Dates*	*Amount*
________	________	____________–____________	$ ____________
________	________	____________–____________	$ ____________
________	________	____________–____________	$ ____________
________	________	____________–____________	$ ____________
________	________	____________–____________	$ ____________
________	________	____________–____________	$ ____________
________	________	____________–____________	$ ____________

Please do not submit receipts with the Tax Data Questionnaire.

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

Did you pay **interest on a student loan** in 2010 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 <u>not</u> include room and board. **Include 1098-T.**

	Student #1	Student #2	Student #3
Name of Student	________________	________________	________________
Year in College (as of January 1, 2009)	________________	________________	________________
Year in Graduate School	________________	________________	________________
Full-time (yes or no)	________________	________________	________________
Tuition & Class Fees (from 1098-T)	$ ________________	$________________	$________________
Grants, scholarships from 1098-T	$ ________________	$________________	$________________
Cost of Required Materials & Supplies	$ ________________	$________________	$________________

What is your total anticipated income for 2011?

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 2011? . . . . __________

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Miscellaneous State Questions

Alabama

Medical Premiums . . . . $___________

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 & Louisiana

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

Iowa

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

Iowa, 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

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