

Tax Data Questionnaire 2011

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	2011 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)

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

PLEASE RETURN COMPLETED QUESTIONNAIRE TO:

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

Non-minister W-2 Income (not listed on page 1)

Your income (include W-2s; list 1099-misc and other income in the schedule C chart below) \$ _____

Spouse income (include W-2s) \$ _____

Social Security Retirement Benefits \$ _____

Spouse Social Security Retirement Benefits \$ _____

State and city income tax refunds received in 2011 \$ _____

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 2011? 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"/>
Royalties		H <input type="checkbox"/> W <input type="checkbox"/>	Business Mileage 1/1-6/30 (list number of miles)		H <input type="checkbox"/> W <input type="checkbox"/>
			Business Mileage 7/1-12/31 (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 2011 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 \$ _____

How much was designated and used for housing? \$ _____

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 2011? Yes No

IRA Contributions (Amounts deposited for 2011); 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 2011 (personal + commute + business) _____

Total business miles 1/1–6/30 _____

Total business miles 7/1–12/31 _____

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.

Many preparers must e-file federal income tax returns for individuals. HOWEVER, the e-file requirement does not apply when a taxpayer chooses to have the return completed in paper format and the taxpayer, not the preparer, will file the paper return with the IRS. As a result, the tax services we provide will not change.

Due to the nature of our services and the fact that we prepare returns for taxpayers who are not actually in our presence **we will assume that your choice to use our services is also a choice to have a paper return prepared and mailed to you.** As always, you will be responsible for filing your return with the IRS.

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 and Conferences	\$ _____
Educational expenses	\$ _____
Business telephone	\$ _____
Meals and entertainmentOther (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 1/1–6/30	_____ miles
Medical miles driven 7/1–12/31	_____ 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	\$ _____
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)	\$ _____
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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 2011 (do not include SSF gift)	\$ _____
Investment Fees	\$ _____

Do not send us receipts to support any amounts listed above.

Tax Data Checklist

1. I've included my 2010 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 2011:
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 2011? 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) _____

Amount used for Medical _____

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 2011. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2010	\$		\$	
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 exact dates of residency, unused H/A, honorariums, investment income, expenses, etc., by state. Foreign missionaries, list exact dates and states while you were in the U.S.**

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

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

Did you pay **interest on a student loan** in 2011 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	_____	_____	_____
Name of College	_____	_____	_____
Year in College (as of January 1, 2011)	_____	_____	_____
Year in Graduate School	_____	_____	_____
At least half-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 2012?

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 2012? _____

Miscellaneous State Questions

Alabama

Medical Premiums \$ _____

Alaska

Alaska Permanent Fund Dividend (include statements) \$ _____

California

Did you pay rent for at least six months in 2011? Yes No

Hawaii, 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.) \$ _____

Illinois Property Tax Index Number \$ _____

Iowa, Kentucky, Michigan & Montana

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) \$ _____

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 2011. \$ _____

Is heat included? Yes No