

# Tax Data Questionnaire 2014

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 newsletter? \_\_\_\_\_

School District \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse \_\_\_\_\_

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	2014 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

\*Full-time is at least 5 months/year. 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 (do not list monthly value)..... \$ \_\_\_\_\_

**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 other W-2 income (include W-2s) . . . . . \$ \_\_\_\_\_  
 Spouse W-2 income (include W-2s) . . . . . \$ \_\_\_\_\_  
 Social Security Retirement Benefits . . . . . \$ \_\_\_\_\_  
 Spouse Social Security Retirement Benefits . . . . . \$ \_\_\_\_\_  
 State and city income tax refunds received in 2014 . . . . . \$ \_\_\_\_\_  
 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 2014? 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

List 1099-MISC and other types of income in this chart

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 (list number of miles)		H <input type="checkbox"/> W <input type="checkbox"/>
Unemployment		H <input type="checkbox"/> W <input type="checkbox"/>			H <input type="checkbox"/> W <input type="checkbox"/>
		H <input type="checkbox"/> W <input type="checkbox"/>			H <input type="checkbox"/> W <input type="checkbox"/>
		H <input type="checkbox"/> W <input type="checkbox"/>			H <input type="checkbox"/> W <input type="checkbox"/>

\* Do not duplicate expenses shown on page 4.

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Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2014 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 (only applies to IRA), medical bills or college tuition? .....  Yes  No

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

Did you convert your IRA to a ROTH in 2014? .....  Yes  No

**IRA Contributions (Amounts deposited for 2014); Not a 403-b**

Traditional IRA: \$ \_\_\_\_\_ Roth IRA: \$ \_\_\_\_\_

Spouse Traditional IRA: \$ \_\_\_\_\_ Roth IRA: \$ \_\_\_\_\_

**Automobile Ministry Miles (do not include if reimbursed or the vehicle is employer-owned)**

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

Total miles driven for 2014 (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 ([ssfoundation.net/pastors/?qa\\_faqs=church-owned-vehicles](http://ssfoundation.net/pastors/?qa_faqs=church-owned-vehicles)).

**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 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, long-term care premium (this is limited), etc. \$ \_\_\_\_\_

Medical miles driven \_\_\_\_\_ miles

**Taxes**

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 (you must have receipts)**

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)	\$ _____
<b>Total Contributions</b>	\$ _____

**Miscellaneous Deductions**

Union dues	\$ _____
Required uniforms (not dress clothes)	\$ _____
Safe deposit box	\$ _____
Income tax preparation paid in 2014 (do not include SSF gift)	\$ _____
Investment Fees	\$ _____

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

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## Tax Data Checklist

1.  I've included my 2013 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 2014, please refer to our online checklist (link underlined at the bottom of this page). How many of the past 5 years did you live in the home you sold? \_\_\_\_\_
4. Check here if exempt from Social Security taxes because you filed Form 4361  If you have not already done so, please send a copy for our files.
5. Check here if you are **NOT** licensed, commissioned, or ordained.
6. Check here if you refinanced your home in 2014.  If so, what is the length of the loan in years? \_\_\_\_\_ **Include closing settlement statement.**
7. Check here if you incurred moving expenses due to a job change  Give details on a separate sheet. Do not include if reimbursed.
8. Check here if you have rental income from a house or apartment you rent to someone?  Provide your rental income and a list of expenses on separate sheet. (Do not include receipts.)

**NEW** → 9. Check here if you obtained health insurance through an exchange and you qualify for a tax credit.  (You **MUST** include form 1095-A to get the credit.)

**NEW** → 10. **Check here if you do NOT maintain qualified health care coverage for your family so we can figure your penalty.**

11. Amount of out-of-state purchases for which you did not pay your state sales tax \$ \_\_\_\_\_. (Does not apply to AK, AR, AZ, CO, DE, FL, GA, HI, IA, MD, MN, MO, MT, NH, NM, ND, NV, OR, SD, TN, TX, WA, WY.)
12. Check if you were living outside the U.S. in 2014  and see question 16 on the next page. Also, be aware that SSF prepares tax returns with income only from U.S. sources. We cannot prepare tax returns with income from foreign sources.
13. If you made HSA/MSA contributions, include all HSA/MSA 1099s and amounts contributed below. Employee contributions are amounts contributed by you writing a check to the HSA. All other contributions, including salary reduction, are employer contributions.

Employee \_\_\_\_\_ Amount \_\_\_\_\_

Employer \_\_\_\_\_ Amount \_\_\_\_\_

Amount of Distribution (include 1099) \_\_\_\_\_

Amount **NOT** 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/pastors/?page\\_id=35](http://ssfoundation.net/pastors/?page_id=35).**

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

14. 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	SSN or EIN (required)	Amount per child

15. Amount deposited as estimated federal and state tax for 2014. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2013	\$		\$	
1st Quarter April 15	\$		\$	
2nd Quarter June 17	\$		\$	
3rd Quarter September 16	\$		\$	
4th Quarter January 15	\$		\$	
Paid with Extensions	\$		\$	
<b>Total Deposits</b>	\$		\$	

16. Income from more than one state: 1. If you moved to another state, list exact dates of residency and income (unused H/A, honorariums, investment income, expenses, etc.) by state, or 2. Full-year residents list out of state income. Foreign resident: list exact dates and states while you were in the U.S. or "overseas all year."

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

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

Did you pay **interest on a student loan** in 2014 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. **You must include 1098-T (required).**

	Student #1	Student #2	Student #3
Name of Student	_____	_____	_____
Name of College	_____	_____	_____
Year in College, (freshman, etc.) as of January 1, 2014	_____	_____	_____
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	\$ _____	\$ _____	\$ _____
Amount Reimbursed by Employer	\$ _____	\$ _____	\$ _____

**What is your total anticipated income for 2015?**

Cash salary from church (not including housing allowance) . . . . .	\$ _____
Cash housing allowance (buying or renting) . . . . .	\$ _____
Other income (list source) . . . . .	\$ _____
Spouse income (list source) . . . . .	\$ _____
<b>Total Income</b> . . . . .	\$ _____
Annual church-owned parsonage rental value . . . . .	\$ _____
Annual parsonage utilities provided and paid by church . . . . .	\$ _____
How many children will you claim in 2015? . . . . .	_____

## Miscellaneous State Questions

### 529 Plan Contributions (college savings; does

not apply to CA, DE, HI, KY, MA, MN, NJ).....\$ \_\_\_\_\_  
Account No. \_\_\_\_\_

### Alabama

Medical Premiums .....\$ \_\_\_\_\_

### Alaska

Alaska Permanent Fund Dividend (include statements) .....\$ \_\_\_\_\_

### California

Did you pay rent for at least six months in 2014? ..... Yes No

### Hawaii, Indiana

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

### 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 \_\_\_\_\_

### Indiana

Number of schooled children not in public school? ..... \_\_\_\_\_

### Iowa, Kentucky, Michigan, Montana & Wisconsin

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

### Maryland

Health insurance coverage for your dependents? ..... Yes No

### Massachusetts

Rent paid.....\$ \_\_\_\_\_

Health insurance coverage..... Yes No

### Massachusetts & Oklahoma

Bank Interest .....\$ \_\_\_\_\_

### 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 .....\$ \_\_\_\_\_

### Wisconsin

Total rent paid in 2014.....\$ \_\_\_\_\_

Is heat included?..... Yes No