

Tax Data Questionnaire 2016

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 #16, 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)	Birth date	Relation- ship	2016 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
stewardship@ssfoundation.net

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 2016. \$ _____
 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 2016? 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.

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2016 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 2016? Yes No

IRA Contributions (Amounts deposited for 2016); 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 2016 (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).

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	\$ _____
Parking/Tolls	\$ _____

Schedule A: Itemized Deductions

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

Insurance premiums paid by you	\$ _____
Total out-of-pocket expenses: medicine, doctors, dentists, hospital bills, hearing aids, eyeglasses, Medicare part B & D, etc. . .	\$ _____
Long-term care premium Taxpayer \$ _____ Spouse \$ _____	
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—we don't need to see them)

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 2016 (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 a copy of my 2015 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 2016, 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 refinanced your home in 2016. If so, what is the length of the loan in years? _____ **Include closing settlement statement.**
6. Check here if you incurred moving expenses due to a job change Give details on a separate sheet. Do not include if reimbursed.
7. 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.)
8. 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; we do not need forms 1095-B or 1095-C.)
9. Check here if you have a Christian share ministry. Include list of family members and months covered.
10. **Check here if you did NOT maintain qualified health care coverage for every family member all year, 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 2016 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 or foreign assets.
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 of distribution **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.

Refer to our checklist at <http://ssfoundation.net/pastors/the-booklet/tax-checklist/>.

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 2016. Do not include amounts withheld on W-2s. Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2015	\$		\$	
1st Quarter April 18	\$		\$	
2nd Quarter June 15	\$		\$	
3rd Quarter September 15	\$		\$	
4th Quarter January 15	\$		\$	
Paid with Extensions	\$		\$	
Total Deposits	\$		\$	

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."

<i>Dates of Residency</i>	<i>State</i>	<i>Type of Income/Expense</i>	<i>Amount</i>
—	—	—	\$ _____
—	—	—	\$ _____
—	—	—	\$ _____
—	—	—	\$ _____
—	—	—	\$ _____
—	—	—	\$ _____
—	—	—	\$ _____
—	—	—	\$ _____

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

Did you pay **interest on a student loan** in 2016 that you were legally responsible for? If so, how much? \$ _____

Students qualify for the American Opportunity Credit, 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, 2016	_____	_____	_____
Year in Graduate School	_____	_____	_____
At least half-time (yes or no)	_____	_____	_____
Tuition & Class Fees Billed in 2016	\$ _____	\$ _____	\$ _____
Grants, Scholarships Applied in 2016	\$ _____	\$ _____	\$ _____
Cost of Required Materials & Supplies	\$ _____	\$ _____	\$ _____
Amount Reimbursed or Paid by Employer	\$ _____	\$ _____	\$ _____

What is your total anticipated income for 2017?

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 2017?	_____

Miscellaneous State Questions

529 Plan Contributions (college savings; does not apply to CA, DE, HI, KY, MA, MN, NC, NJ) \$ _____
Account No. _____ Type of plan _____

Alaska

Alaska Permanent Fund Dividend (include statements) \$ _____

California

Did you pay rent for at least six months in 2016? Yes No

Hawaii, Indiana, Maine, Massachusetts

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

List amount paid and if utilities are included \$ _____

Illinois, Iowa, Louisiana, Wisconsin

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 & Maryland

Health insurance coverage for your dependents? Yes No

Massachusetts

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 \$ _____

Virginia

Driver's License # _____ Spouse _____

Wisconsin

Total rent paid in 2016. \$ _____

Is heat included? Yes No