Tax Data Questionnaire 2018

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

stewardship@ssfoundation.net

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

____

Name SSN or ITIN Birth Date

____

Name of Spouse SSN or ITIN 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	Son/ Daughter	2018 Gross Income	Full-Time* Student
__________________	_________	________	________	__________	❑ Yes ❑ No
__________________	_________	________	________	__________	❑ Yes ❑ No
__________________	_________	________	________	__________	❑ Yes ❑ No
__________________	_________	________	________	__________	❑ Yes ❑ No

*Full-time is at least 5 months/year. If college student, please fill in the top of page 7.

**Please note if this is an ITIN.

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). . . . . $____________

PLEASE RETURN COMPLETED QUESTIONNAIRE BY **MARCH 25** 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 2018. . . . . $____________

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 2018? 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❑ 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❑
Unemployment		H❑ W❑			H❑ W❑
		H❑ W❑			H❑ W❑
		H❑ W❑			H❑ W❑

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

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2018 for which you received a 1099-B? Include your 1099-B and basis information.

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

Total Amount (taxable amounts from 1099-Rs) . . . . $____________

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 2018? . . . . ❑ Yes ❑ No

IRA Contributions **(Amounts deposited for 2018); 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 2018 (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.

If you wish to file by the April deadline we need to receive your information by **March 25.**

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) . . . . $____________

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. . . . . $____________

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

Tax Data Checklist

1. ❑ I've included a copy of my 2017 Federal and State tax return unless SSF prepared them. Note: Please send a copy we can keep.
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 2018, please refer to our online checklist (link 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 2018. ❑ If so, what is the length of the loan in years? _____ **Include closing settlement statement.**
6. Moving expenses are no longer deductible on your tax return or reimbursable by your employer.
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 if not all year and all family members.
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, 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 2018 ❑ and see question16 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. Do not email any documents.

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 2018. **Do not include amounts withheld on W-2s.** Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2017	$		$	
1st Quarter April 17	$		$	
2nd Quarter June15	$		$	
3rd Quarter September 17	$		$	
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."

Dates of Residency	*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 2018 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, 2018	________________	________________	________________
Year in Graduate School	________________	________________	________________
At least half-time (yes or no)	________________	________________	________________
Tuition & Class Fees Billed in 2018	$ ________________	$ ________________	$ ________________
Grants, Scholarships Applied in 2018	$ ________________	$ ________________	$ ________________
Cost of Required Materials & Supplies	$ ________________	$ ________________	$ ________________
Amount Reimbursed or Paid by Employer	$ ________________	$ ________________	$ ________________

What is your total anticipated income for 2019?

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 2019? . . . . __________

Miscellaneous State Questions

529 Plan Contributions (college savings) . . . . $__________

Account No. ______________________ Type of plan ___________________

Alaska

Alaska Permanent Fund Dividend (include statements) . . . . $__________

Arizona

Are you eligible for school tax credit? . . . . ❑ Yes ❑ No

If yes, include details: ____

California

Did you pay rent for at least six months in 2018? . . . . ❑ Yes ❑ No

Colorado, Georgia, Kentucky, New Jersey, Ohio, Rhode Island, Vermont, Virginia

Driver's License #______________________ Spouse_____________________

Colorado issue date ____________________ _______________________

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? . . . . __________

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) . . . . $__________

Ohio & Oregon

Political contribution credit . . . . $__________

Wisconsin

Total rent paid in 2018. . . . . $__________

Is heat included? . . . . ❑ Yes ❑ No

Please do not submit receipts with the Tax Data Questionnaire.