

# Tax Data Questionnaire 2019

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	2019 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.

\*\*Please note if this is an ITIN.

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

- Salary not including housing allowance  
(should equal W-2, block 1) ..... \$ \_\_\_\_\_
- Unused housing allowance (not included in W-2, block 1) ..... \$ \_\_\_\_\_
- 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) ..... \$ \_\_\_\_\_
- The total of items 1, 2 and 3 should equal the total cash  
salary received from church for the year. .... \$ \_\_\_\_\_
- 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  
PO Box 221150, Newhall, CA 91322

## 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 2019 ..... \$ \_\_\_\_\_  
 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 2019? 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 2019 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 2019? . . . . .  Yes  No

**IRA Contributions (Amounts deposited for 2019); 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 2019 (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? \_\_\_\_\_

**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, 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. Because we are not paid preparers we do not sign or efile tax returns.

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

Although contributions are greatly appreciated, you are not required to make a contribution to qualify for our services.

**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** ..... \$ \_\_\_\_\_

**Miscellaneous Deductions (only applies in AL, AR, CA HI, IA, \*PA)**

Safe Deposit Box ..... \$ \_\_\_\_\_  
 Union Dues ..... \$ \_\_\_\_\_  
 Tax Preparation ..... \$ \_\_\_\_\_  
 Investment Fees ..... \$ \_\_\_\_\_

\*Only applies when job-related

---

## Tax Data Checklist

- I've included a copy of my 2018 Federal and State tax return unless SSF prepared them. Note: Please send a copy we can keep.
- 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.**
- If you bought or sold a home in 2019, 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? \_\_\_\_\_
- 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.
- Check here if you refinanced your home in 2019.  If so, what is the length of the loan in years? \_\_\_\_\_ **Include closing settlement statement.**
- Moving expenses are no longer deductible on your tax return or reimbursable by your employer. Some states allow it, so give us details on a separate sheet if you move to AR, CA, CO, HI, LA, KS, MA, ME, MN, NY, PA, SC, or WA to take a new job.
- 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.)** Check here if you work on rental at least 250 hours a year.
- 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; do not send forms 1095-B or 1095-C.)
- 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.
- Check here if you did NOT maintain qualified health care coverage for every family member all year, so we can figure your penalty.**
- 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.)
- Check if you were living outside the U.S. in 2019  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.
- 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 2019. **Do not include amounts withheld on W-2s.** Please fill this out carefully.

Quarter	Federal	Date Paid	State	Date Paid
Amount applied from 2018	\$		\$	
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 (do not list W-2s), 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 2019 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 send us Form 1098-T (required) or we will not prepare your return.**

	Student #1	Student #2	Student #3
Name of Student	_____	_____	_____
Name of College	_____	_____	_____
Year in College, (freshman, etc.) as of January 1, 2019	_____	_____	_____
Year in Graduate School	_____	_____	_____
At least half-time (yes or no)	_____	_____	_____
Tuition & Class Fees Form 1098-T	\$ _____	\$ _____	\$ _____
Grants, Scholarships Form 1098-T	\$ _____	\$ _____	\$ _____
Cost of Required Materials & Supplies	\$ _____	\$ _____	\$ _____
Room & Board If you have a 1099-Q	\$ _____	\$ _____	\$ _____
Amount Reimbursed or Paid by Employer	\$ _____	\$ _____	\$ _____

**What is your total anticipated income for 2020?**

- 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 2020? . . . . . \_\_\_\_\_

## Miscellaneous State Questions

**529 Plan Contributions** (college savings) .....\$ \_\_\_\_\_

State \_\_\_\_\_ 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 2019? .....  Yes  No

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

Driver's License # \_\_\_\_\_ Spouse \_\_\_\_\_

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 homeschooled in Iowa.) .....\$ \_\_\_\_\_

Illinois Property Tax Index Number \_\_\_\_\_

### Indiana

Number of K–12 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 2019. ....\$ \_\_\_\_\_

Is heat included? .....  Yes  No