



THE STEWARDSHIP SERVICES FOUNDATION 2023 TAX QUESTIONNAIRE
661.568.6801 • 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		check if new address

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's Occupation
Name of Employer	Employer's Phone Number

DEPENDENTS (Do not include yourself or your spouse; list only those you wish to claim.)

Name	SSN** (required)	Birthdate	Son/Daughter	2023 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 compensation 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).. \$ _____

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 (include 1099-SSA) \$ _____
 Spouse Social Security Retirement Benefits (include 1099-SSA) \$ _____
 State and city income tax refunds received in 2023. \$ _____

INTEREST INCOME INFORMATION

Interest income (if over \$1,500, itemize below). \$ _____

SOURCE OF INTEREST INCOME	AMOUNT

Check this box if you received, sold, exchanged or otherwise disposed of any financial interest in digital currency/assets during 2023.

DIVIDEND INCOME. Enclose all 1099 DIV statements. It is important to send your statements for accurate reporting purposes.

SCHEDULE C

Did you incur miscellaneous business income and related expenses for 2023? List income by source and include any 1099-MISC and 1099-NEC income. Do not include amounts on W-2s or expenses listed on page 3 that relate to your church income.

Do not duplicate expenses shown on page 3.

If your situation is too complex for this chart, please send us a completed 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 Expense		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"/>
Room Rent		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"/>

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2023 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) \$ _____

Amount designated and used for housing (not for IRA). \$ _____

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 2023? Yes No

Was this a qualified charitable contribution? Yes No

IRA CONTRIBUTIONS (Amounts deposited by you for 2023; Not a 403-b, and not listed on your W-2.

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 2023 (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).

You must have adequate records or sufficient written evidence to justify any automobile deduction.

MINISTRY EXPENSES

(List only un-reimbursed expenses related to your W-2 church income. Do not complete if reimbursed.

Do not duplicate expenses on page 2, Schedule C.)

Office expenses \$ _____

Religious materials/supplies. \$ _____

Subscriptions and dues. \$ _____

Seminars and Conferences \$ _____

Educational expenses. \$ _____

Business telephone \$ _____

Meals \$ _____

Other (explain) _____ \$ _____

Travel \$ _____

Parking/Tolls \$ _____

SCHEDULE A: ITEMIZED DEDUCTIONS

CONTRIBUTIONS *Please do not send us receipts for your 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. \$ _____

MEDICAL & 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 *(Not State and local income taxes - we will calculate this for you.)*

Sales Tax paid on vehicles \$ _____
 Real estate tax on home or property (not a rental). \$ _____

 Annual Automobile Tax (not sales tax); list amount deductible, listing each auto separately. \$ _____

INTEREST EXPENSES *(Include Form 1098)*

Home mortgage interest (not a rental) \$ _____

MISCELLANEOUS DEDUCTIONS *(only applies in AL, AR, CA, HI, MN, NY, PA)*

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

DO NOT SEND US RECEIPTS TO SUPPORT ANY AMOUNTS LISTED ABOVE.

PLEASE NOTE:

We are unable to notify you when we receive your documents. We receive too many pieces of mail to verify receipt - we simply do not have the personnel. If you would like to be assured that we have your information, please track your package. If you would like to have your completed return tracked as well, please include a postage paid priority mail envelope for us to use. This has the added advantage of a timely return delivery as we have found that regular first class 9x12 envelopes regularly take over a month to reach their destination.

TAX DATA CHECKLIST

1. I've included a copy of my 2022 Federal and State tax return *unless* SSF prepared them. 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 3 copies of each W-2.
3. If you bought or sold a home in 2023, 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 2023. 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. Some states allow it, so give us details on a separate sheet if you move to AR, CA, CO, HI, IA, MA, NY, or PA to take a new job.
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.)** **Check here if you work on rental at least 250 hours a year.**
8. Check here if you obtained health insurance through a state or federal website and you qualify for subsidy or credit. (You MUST include form 1095-A, DO NOT send forms 1095-B or 1095-C.)
9. 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)
10. Check if you were living outside the U.S. in 2023 and see question 14 on page 6. 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.
11. 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 _____
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	SSN OR EIN (required)	AMOUNT per child (list child)

*www.ssfoundation.net/pastors/the-booklet/tax-checklist

DO NOT SEND US RECEIPTS TO SUPPORT ANY AMOUNTS LISTED ABOVE.

13. Amount deposited as estimated federal and state tax for 2023. Do not include amounts withheld on W-2s. Please fill this out carefully.

QUARTER	FEDERAL	DATE PAID	STATE	DATE PAID
Amount applied from 2022	\$		\$	
1st Quarter; April 18	\$		\$	
2nd Quarter; June 15	\$		\$	
3rd Quarter; September 15	\$		\$	
4th Quarter; January 16	\$		\$	
Paid with extensions	\$		\$	
TOTAL DEPOSITS	\$		\$	

14. Income from more than one state:

1. If you moved to another state, list **exact** dates of residency and related non-W-2 income (unused H/A, honorariums, investment income, expenses, etc.) by state.
2. Full-year residents list out-of-state income.
3. 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
			\$
			\$
			\$
			\$

DO NOT SEND US RECEIPTS TO SUPPORT ANY AMOUNTS LISTED ABOVE.

15. FOR THOSE IN POST SECONDARY EDUCATION (You must determine the amounts.)

Did you pay interest on a student loan in 2023 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.

To get an education credit, 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 as of Jan 1, 2023			
Year in Graduate School			
At least half-time? Y / N			
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	\$	\$	\$

16. TOTAL ANTICIPATED INCOME FOR 2024:

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 2024? _____

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 2023? Yes No

CALIFORNIA, DISTRICT OF COLUMBIA, MARYLAND, MASSACHUSETTS, NEW JERSEY, RHODE ISLAND

Health insurance coverage required. List family members with no coverage:

HAWAII, INDIANA, MAINE, MASSACHUSETTS, NEW JERSEY

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 home-schoolers in IA or WI). \$ _____

Illinois Property Tax Index Number _____

INDIANA Number of K–12 children not in public school? _____

MASSACHUSETTS

Interest income (from MA sources only). \$ _____

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) _____

NEBRASKA If you wish to claim the property tax credit, please enclose a completed form PTC.

OHIO If any non-W-2 income, list type of business \$ _____

Home School expenses, not including computer software \$ _____

OREGON & OHIO

Political contribution credit \$ _____

WISCONSIN

Total rent paid in 2023. \$ _____ Is heat included? Yes No

PLEASE RETURN COMPLETED QUESTIONNAIRE BY MARCH 25 TO:

The Stewardship Services Foundation • PO Box 221150, Newhall, CA 91322

You must completely and legibly fill out the Tax Data Questionnaire.

Please send your information to us as soon as possible in the tax year, this allows us to serve more pastors.

Certified or return receipt mail takes longer to reach us. Please allow extra time if you choose to use these options.

First Class or Priority Mail is best. Please do not require a signature—this will delay our receiving your information.

Refer to our checklist at www.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.*

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 e-file tax returns.