



THE STEWARDSHIP SERVICES FOUNDATION 2024 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, or moved to another 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.)

Table with 6 columns: Name, SSN\*\* (required), Birthdate, Son/Daughter, 2024 Gross Income, Full-Time\* Student. Includes checkboxes for 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 compensation 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 cash 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 2024. . . . . \$ \_\_\_\_\_

**INTEREST INCOME INFORMATION**

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

| SOURCE OF INTEREST INCOME | AMOUNT |
|---------------------------|--------|
|                           |        |
|                           |        |
|                           |        |

**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 2024? 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 IRS Schedule C.

**Do not check both H and W for the same income/expense**

| 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<br>(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 2024 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 If IRA distribution, include from 5498.

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 2024? . . . . .  Yes  No

If this is a QCD, list amount of QCD . . . . . \$ \_\_\_\_\_

**IRA CONTRIBUTIONS** (Amounts deposited by you for 2024; 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 2024 (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.*

**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, Medicare part B & D, doctors, dentists, hospital bills, hearing aids,  
 eyeglasses, etc. . . . . \$ \_\_\_\_\_  
 Long-term care premium. . . . . Taxpayer \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 Medical miles driven . . . . . \_\_\_\_\_ miles

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

Real estate tax on home or property (not a rental). . . . . \$ \_\_\_\_\_  
**DON'T MISS THIS - IF YOU OWN A HOME YOU PAY TAXES ON IT**  
 Sales Tax paid on vehicles . . . . . \$ \_\_\_\_\_  
 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**

*I read and agree with the doctrinal statement.*

1.  I've included a copy of my 2023 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 2024, 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 2024. 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.)**
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.) **DO NOT** check box without sending a 1095-A.
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 2024 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). List provider for each child separately, even if using the same provider.

| NAME OF PERSON PROVIDING CARE | ADDRESS | SSN OR EIN<br>(required) | AMOUNT<br>per child (list child) |
|-------------------------------|---------|--------------------------|----------------------------------|
|                               |         |                          |                                  |
|                               |         |                          |                                  |
|                               |         |                          |                                  |

\*[www.ssfoundation.net/pastors/the-booklet/tax-checklist](http://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 2024. Do not include amounts withheld on W-2s. Please fill this out carefully.

| QUARTER                   | FEDERAL   | DATE PAID | STATE     | DATE PAID |
|---------------------------|-----------|-----------|-----------|-----------|
| Amount applied from 2023  | \$        |           | \$        |           |
| 1st Quarter; April 18     | \$        |           | \$        |           |
| 2nd Quarter; June 15      | \$        |           | \$        |           |
| 3rd Quarter; September 15 | \$        |           | \$        |           |
| 4th Quarter; January 16   | \$        |           | \$        |           |
| Paid with extensions      | \$        |           | \$        |           |
| <b>TOTAL DEPOSITS</b>     | <b>\$</b> |           | <b>\$</b> |           |

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 2024 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, 2024        |            |            |            |
| Year in Graduate School                  |            |            |            |
| At least half-time? Y / N                |            |            |            |
| Tuition & Class Fees<br>Form 1098-T      | \$         | \$         | \$         |
| Grants, Scholarships<br>Form 1098-T      | \$         | \$         | \$         |
| Cost of required Materials & Supplies    | \$         | \$         | \$         |
| Room & Board<br>If you have a 1099-Q     | \$         | \$         | \$         |
| Amount Reimbursed or Paid<br>by Employer | \$         | \$         | \$         |

16. TOTAL ANTICIPATED INCOME FOR 2025:

- 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 2025? . . . . . \_\_\_\_\_

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 2024? ..... 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, MONTANA, 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 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 "taxable value". ..... \$ \_\_\_\_\_

MINNESOTA If rent paid, include Certificates of Rent Paid

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 2024..... \$ \_\_\_\_\_ 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](http://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.