



THE STEWARDSHIP SERVICES FOUNDATION 2025 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.)

Name	SSN** (required)	Birthdate	Son/Daughter	2025 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 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 2025. \$ _____

Overtime Pay in 2025 \$ _____ Tips Paid in 2025 \$ _____

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 2025? 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 ☐ W ☐	Motels & Lodging		H ☐ W ☐
Commissions		H ☐ W ☐	Office Expense		H ☐ W ☐
Babysitting		H ☐ W ☐	Supplies		H ☐ W ☐
Odd Jobs		H ☐ W ☐	Business Telephone		H ☐ W ☐
Room Rent		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 ☐

Did you have mutual funds, gross proceeds, stock sales, or other types of investments in 2025 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 2025? ☐ Yes ☐ No

If this is a QCD, list amount of QCD \$ _____

IRA CONTRIBUTIONS (Amounts deposited by you for 2025; 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 2025 (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 \$ _____

CAR LOAN INTEREST EXPENSE

List only interest paid on vehicles purchased in 2025.

Amount of interest paid during 2025 \$ _____ Date of Purchase _____

Vehicle Identification Number (VIN - 17 digits) _____

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 2024 Federal and State tax return **unless** SSF prepared them. Please send a copy we can
2. ☐ keep. 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 2025, 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 2025. 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 2025 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 (required)	AMOUNT per child (list child)

*www.ssffoundation.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 2025. Do not include amounts withheld on W-2s. Please fill this out carefully.

QUARTER	FEDERAL	DATE PAID	STATE	DATE PAID
Amount applied from 2024	\$		\$	
1st Quarter; April 15	\$		\$	
2nd Quarter; June 15	\$		\$	
3rd Quarter; September 15	\$		\$	
4th Quarter; January 15	\$		\$	
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 2025 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, 2025			
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 2026:

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 2026? _____

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 2025? 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, MICHIGAN, MONTANA, NEW JERSEY, NEW MEXICO

IN (Indiana) list rental address, number of months rented, amounts paid and the name and address of your landlord: _____

HI, ME, MA, MI, MT, NJ list amount of rent paid \$ _____

ME If utilities are included how much of your rent represents utilities \$ _____

MI Homeowners - list state "taxable value" \$ _____

NM Homeowners - list 2025 Tax Bill \$ _____

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) \$ _____

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 2025.. \$ _____ 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.