THE STEWARDSHIP SERVICES FOUNDATION 2021 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

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	2021 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 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).. . . . . $__________

STIMULUS CHECK INFORMATION

List **TOTAL** amount received in 3rd stimulus check ($1,400 ea & include IRS notice 1444-C). .. . . $____________

List **TOTAL** amount received of Advanced Child Tax Credit Payments (include IRS letter/s 6419). . . . . $____________

*Note: **EACH** spouse may receive a letter with **half** of the total amount received. Please include **both** letters and **TOTAL** amount received.*

If you leave the above questions blank, we will assume the answer is zero.

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 2021. . . . .$____________

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 any virtual currency during 2021.

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

Did you incur miscellaneous business income and related expenses for 2021? Do not include amounts on W-2s or expenses listed on page 3 that relate to your church income. List income by source and include any 1099-MISC and 1099-NEC income.

SCHEDULE C

List 1099-NEC and other type of income on this chart. *Do not duplicate expenses shown on page 3.*

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 2021 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 2021? . . . . ☐ Yes ☐ No

Was this a qualified charitable contribution? . . . . ☐ Yes ☐ No

IRA CONTRIBUTIONS (Amounts deposited by you for 2021); 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 2021 (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 *(You receive a credit even if you do not itemize.)*

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.

TAX DATA CHECKLIST

1. ☐ I've included a copy of my 2020 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 2021, 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 2021. 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 an exchange and you qualify for a tax credit. (You MUST include form 1095-A if you have a government subsidy; 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 2021 and see question14 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*

*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 2021. Do not include amounts withheld on W-2s. *Please fill this out carefully.*

QUARTER	FEDERAL	DATE PAID	STATE	DATE PAID
Amount applied from 2020	$		$	
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 2021 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, 2021			
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 2022:

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 2022? . . . . ____________

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 2021? . . . . ☐ 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

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) . . . . $__________

OHIO

If any non-W-2 income, list type of business engaged in and/or NAICS code for business.

____

OREGON & OHIO

Political contribution credit . . . . $__________

WISCONSIN

Total rent paid in 2021.. . . . . $__________ 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.